

EXHIBIT A

7865882.1

1 Kelsey Owens, Lauren Maulden, Adele O'Rourke, City of Renton Police Department ("CRPD"),
2 Washington Court Appointed Special Advocate Association ("CASA"), Virginia Whalen,
3 Seattle Children's Hospital ("SCH"), Rebecca T. Wiester, M.D., Mark S. Wainwright, M.D.,
4 Ph.D., Timothy J. Brei, M.D., Lusine Ambartsumyan, M.D., and Helen L. Dichek, M.D., Nancy
5 Chase, BSN, RN, Beth Webb Nauert, M.D., and John and Jane Does 1-10,¹ for damages based
6 upon the Hartmans' personal knowledge, upon information and belief as to all other matters, and
7 with the belief that all matters alleged herein will have evidentiary support after a reasonable
8 opportunity for further investigation and discovery.

9 **I. INTRODUCTION**

10 1. The Hartmans were the victims of a system of secrecy and unchecked authority
11 without accountability, which led to the separation of the Hartman family based on false and
12 outrageous claims of child abuse or neglect of C.H. For two years, several Defendants secretly
13 set the family up based on wild and evidence-free allegations of abuse or neglect, and misused
14 the family's trust in medical professionals to forcibly remove the children from their mother
15 Sophie's care. While preparing misleading claims of child abuse and criminal charges, numerous
16 Defendants took their leisurely time and accessed medical records to create a contrived narrative
17 that Sophie had manufactured a complex medical condition to gain attention for her own
18 dysfunctional psychiatric need. The problem is the child's condition was real, was validated by
19 medical experts, and the supposed "child abuse medicine" claims (and false diagnosis of
20 Sophie's pathology) were a vehicle for attention for misguided licensed professionals, who
21 themselves wanted attention and were willing to contrive a fake condition to get it.

22 2. The result on the Hartman family has been devastating. The family was
23 separated, Sophie was falsely charged with criminal conduct, both children have been harmed
24 immensely, and several Defendants have insisted that they continue to have involvement in
25

¹ Plaintiffs reserve all right to plead against others.

1 controlling the family's medical care. After having blocked proper care and causing immense
2 trauma, Defendants have doubled down on their misconduct, inverting the concept of informed
3 consent or the precept of the Hippocratic Oath of "First, Do No Harm." To defend against false
4 medical accusations and a myriad of violations of professional standards, the Hartman family
5 has spent millions of dollars on lawyers just to keep the family together and Sophie out of jail.
6 The actual harm to the family is vast and the spirit of subversion and hubris with which various
7 Defendants betrayed the Hartman family is shocking.

8 3. C.H. has Alternating Hemiplegia of Childhood ("AHC") and other health
9 conditions. C.H.'s AHC is a serious and rare condition that was diagnosed by the world's
10 leading expert in the field, Mohamad A. Mikati, M.D., of Duke University Health System ("Duke
11 University"), long before Defendants had met C.H. SCH doctors and staff abused C.H. by failing
12 to treat or coordinate care for this rare disorder, and instead denied her care for AHC while
13 "diagnosing" that Sophie was making the condition and symptoms up, apparently thinking she
14 was also duping Duke University experts, Dr. Mikati, and many other medical professionals.

15 4. Sophie sought help for her child at SCH. Being a loving and engaged mother,
16 she requested SCH providers to coordinate with AHC experts at Duke University. The SCH
17 providers at first acknowledged that this was critical for C.H.'s care, and they included Dr.
18 Mikati. However, SCH providers later, for reasons that elude any logic, secretly decided that
19 Sophie was malignly harming her child by conjuring the very real AHC condition, refused to
20 coordinate care with actual specialized experts, and faulted Sophie for providing "fragmented"
21 care for C.H., culminating in an attack through false claims and criminal charges and media
22 defamation.

23 5. SCH involved the Safe Child and Adolescent Network ("SCAN"), without any
24 consent, an internal team purportedly devoted to rooting out child abuse and neglect with claimed
25 experts in "child abuse medicine." This special team, which neither C.H. or Sophie, nor any

1 other person on their behalf, ever gave consent to intrude into their private medical care, medical
2 records, or care decisions (and which never even disclosed its involvement until making lurid
3 accusations), devised the nonsensical theory that Sophie was causing harm to her own beloved
4 child. Members of the SCAN team and numerous other Defendants schemed behind the
5 Hartmans' backs during almost two years of secret surveillance. They created secret medical
6 records documenting their fantastical theory and formed plans to separate the family. They kept
7 these secret records separate from C.H.'s other accessible medical records, as if they were the
8 real decisionmaker, an assumption of superior control over the family, ousting the true parent.
9 They laid the groundwork for an accusation of medical child abuse for two years, a false claim
10 that was slow-rolled while they gradually set the family up to be separated with false criminal
11 charges, horrifying publicity, and removal of the children, based on a contrived rush two years
12 later to court for a phony emergency. They ignored or disregarded internal professional insight
13 from C.H.'s SCH providers and from experts and other medical providers. The sad irony is this
14 attention-seeking by medical professionals tracks onto the false claims that they made against
15 *Sophie* of harming children to get attention.

16 6. For two years, SCAN members surveilled the family's medical care, interfered
17 by blocking proper care, and misused information provided only for informed-consent medical
18 care (not subversion). These licensed professionals referred Sophie to DCYF, falsely claiming
19 that Sophie had advocated for unnecessary medical procedures for C.H. due to her supposed
20 Munchausen Syndrome by Proxy. But each of C.H.'s medical interventions were consented to
21 by Sophie on behalf of C.H. only after these interventions were considered, recommended to
22 Sophie, and performed by real-life physicians with real-life expertise exercising independent,
23 professional judgment. As was the case with each medication that C.H. took, each was
24 recommended, prescribed, and monitored by medical professionals, – in no instance did Sophie
25 do anything other than what was recommended by licensed medical professionals. In their

1 heedless rush to be at the center of their own medical drama, several Defendants ignored and
2 trampled common sense and their duties to the Plaintiffs, and caused serious harm.

3 7. This led to an enormously harmful series of events, all arising from the senseless
4 rush of numerous Defendants who are charged with doing things like investigating, and
5 considering facts, medical expertise, and common sense, that fueled a witch-hunt against the
6 Hartman family, and Sophie in particular.

7 8. This led to the taking of the children in a police raid, the charging of Sophie
8 criminally in a maximally humiliating way, various strangers rifling through Sophie's private
9 prayer journals and every personal confidence to sift devious motives from a loving mother's
10 agony at trying to help her suffering child, and extensive other Orwellian intrusions. Cherry-
11 picked pages from those prayer journals were then used openly in court to attempt to paint a
12 picture that she was an abusive mother. This led to a media frenzy that painted Sophie as an
13 abusive mother who made up that her child was ill for attention. The media reported, for
14 example, that Sophie "went on a PR tour for her sick, adopted African child" and that she, was
15 a "white, Jesus-loving former missionary" who strapped her "little Black girl born in Zambia"
16 into a wheelchair, among other outrageous and greatly humiliating statements about Sophie
17 which were entirely false. This also led to death threats against Sophie, forcing her to flee from
18 her home and hide in a hotel for safety. Numerous defendants contorted facts, manipulated and
19 hid evidence, and outright lied, using extensive funds supplied by the State, the family's very
20 own medical insurance, and federal government funds to try to destroy the Hartman family.

21 9. Sophie had to call on her parents to borrow funds to hire counsel that actually got
22 to the bottom of the gaslighting. Despite a very stacked deck and the State's overwhelming
23 resources, the family used excellent counsel to bring out the truth and outflank the Defendants'
24 refusal to admit how wrong they were in their dug-in position. The Hartman family won. The
25 family was separated for 492 days, each member suffered great harm, and it cost millions of

1 dollars in attorneys' fees, costs, and negative tax consequences from premature asset liquidation
2 to stave off the attack. After those 492 days, the family proved what had been clear to real
3 experts and common sense all along – that there was no abuse and Sophie had given her all to
4 protect her children.

5 10. DCYF brought a “dependency action,” a legal term for an attempt to take away
6 children and destroy a family, based on claims of abuse. It failed. The dependency court
7 concluded after 49 days of trial that “SCH’s SCAN process was deeply flawed.” Sophie regained
8 custody of M.H. and then C.H. Even then, not a single Defendant expressed any contrition or
9 amends (and they continue now to do the same to other families). Instead, using the coercion of
10 criminal charges that they released only when the family would “agree,” Defendants, including
11 licensed medical professionals, insisted that SCH serve as the source of C.H.’s medical care
12 through December 1, 2023. For 990 days, from March 17, 2021, until December 1, 2023, Sophie
13 was forced to use SCH to care for C.H., the very institution that tore the Hartman family apart,
14 failed to care for C.H., and did enormous medical, psychic, and moral harm. This abusive farce
15 was an inversion of the basics of medicine and law in a free society. It entailed a range of
16 violations from unconsented battery, negligence, defamation, violation of privacy rights, and
17 others.

18 11. The misconduct of each Defendant contributed to the massive harm in various
19 ways, from prime movers who abused patient confidentiality and medical records who devised
20 a wild story from whole cloth, to investigators who have a duty to investigate and not become
21 mob participants. The Hartman family’s remaining recourse, now that coercive misuse of
22 criminal charges is past and the family is together without improper intrusion, is to seek justice
23 by a jury trial and exposure of this systematic misconduct.

1 22. Adele O'Rourke is a Detective with the CRPD with a business address of 1055
2 South Grade Way, Renton, Washington 98057.

3 23. CRPD is an agency of the City of Renton, a Washington municipality, and has a
4 business address of 1055 South Grade Way, Renton, Washington 98057.

5 24. SCH is a nonprofit corporation with a principal place of business at 4500 40th
6 Avenue NE, Seattle, Washinton 98105.

7 25. Rebecca T. Wiester, M.D., is the Medical Director at SCH's Protection Program,
8 with a business address of 325 9th Avenue, Seattle, Washington 98104.

9 26. Mark S. Wainwright, M.D., Ph.D., is a pediatric neurologist at SCH with a
10 business address of 4800 Sand Point Way NE, Seattle, Washington 98105.

11 27. Timothy J. Brei, M.D., is a neurodevelopmental pediatrician at SCH with a
12 business address of 4800 Sand Point Way NE, Seattle, Washington 98105.

13 28. Lusine Ambartsumyan, M.D., is the Interim Director of Endoscopy at SCH with
14 a business address of 4800 Sand Point Way NE, Seattle, Washington 98105.

15 29. Helen L. Dichek, M.D., is a physician in the Endocrinology Department at SCH
16 with a business address of 4800 Sand Point Way NE, Seattle, Washington 98105.

17 30. Nancy Chase, BSN, RN, is a nurse at SCH with a business address of 4800 Sand
18 Point Way NE, Seattle, Washington 98105.

19 31. Beth Webb Nauert, M.D., is a former pediatrician at Healthpoint Auburn, with an
20 address of 126 Auburn Avenue, Suite 300/400, Auburn, Washington 98002, and SCH with a
21 business address of 4800 Sand Point Way NE, Seattle, Washington 98105.

22 **IV. FACTUAL ALLEGATIONS**

23 **A. Sophie Hartman's Adoption of C.H. and M.H. and C.H.'s Medical History.**

24 32. Sophie Hartman ("Sophie"), is a loving, single mother, who adopted two
25 daughters, biological half-sisters, C.H. and M.H. from Zambia.

1 33. M.H. was placed with Sophie in August 2011 after being taken to an orphanage
2 when M.H. was eight months old during a time when Sophie was a resident in Zambia, Africa,
3 where she had been working for a charitable non-government organization since 2010.

4 34. In July 2014, three-week-old C.H. was also taken to the same orphanage, and
5 placed with Sophie as well in order to keep the siblings together.

6 35. The adoptions of both C.H. and M.H. were finalized in May 2015.

7 36. Sophie adopted both C.H. and M.H. to be able to care for them and allow them to
8 grow up together. Sophie wanted to be able to provide them with a life that they would not
9 otherwise have, while also keeping them closely connected to their birth culture.

10 37. It was known when Sophie adopted C.H. and M.H. that their biological mother
11 had a history of mental health issues and substance abuse.

12 38. Sophie observed during her visits to the orphanage that C.H. had a history of
13 shaking and crying, which Sophie believed to be caused by substance abuse withdrawal. From
14 birth, Sophie noticed that C.H. had deficits including, for example, cognitive impairment,
15 developmental delay, and gastrointestinal issues, that would affect different body systems in an
16 episodic fashion.

17 39. After both adoptions were finalized in May 2015, Sophie decided it would be in
18 the best interest of her daughters to move the family to the United States in order to access quality
19 medical care for C.H., and to have her assessed to determine what medical care would be best
20 for her.

21 **B. In 2016 C.H. Is Diagnosed with Static Encephalopathy and Cerebral Palsy by**
22 **SCH, Is Prescribed Orthotics, and Begins Therapy.**

23 40. After the family moved to the State of Washington, Sophie proactively
24 collaborated with physicians to provide C.H. with the medical care she needed. C.H.'s initial
25

1 care was primarily provided by Julian K. Davies, M.D., of the University of Washington Center
2 for Adoption Medicine. Dr. Davies became C.H.'s primary care physician ("PCP").

3 41. While serving as C.H.'s PCP, Dr. Davies told Sophie that she was a supportive
4 advocate for her daughters and took great care of them, including by proactively providing
5 appropriate medical treatment for C.H.

6 42. In the fall of 2015, given C.H.'s complicated symptoms that Dr. Davies described
7 as symptoms of neurological problems, C.H. was referred by Dr. Davies to SCH for evaluation
8 by Catherine E. Otten, M.D., an SCH neurologist.

9 43. In August 2016, C.H. underwent an evaluation and magnetic resonance
10 imaging ("MRI"), which showed abnormal results. Those results led Dr. Otten to diagnose C.H.
11 with static encephalopathy, a chronic brain disorder, and cerebral palsy with left hemiplegia.

12 44. The objective findings from C.H.'s MRI showed white matter changes which
13 could help explain why C.H. showed left-sided weakness affecting her ability to walk. Dr. Otten
14 then referred C.H. to an SCH physical therapist ("PT"), Solveig Hart, to address the need for
15 ankle-foot orthotics ("AFOs") in light of C.H.'s cerebral palsy diagnosis.

16 45. In September 2016, Dr. Davies prescribed AFOs for C.H., which appeared to
17 significantly improve her mobility.

18 46. Dr. Davies also referred C.H. to Kinderling for early intervention services
19 including occupational, physical, feeding, and oral therapy. The therapists at Kinderling observed
20 that C.H. had speech delays, feeding issues, and other symptoms that they documented.

21 47. Dr. Davies, based on the observations of the therapists at Kinderling, also referred
22 C.H. for a swallow study at SCH done by Carla D. Neiss, Speech Language Pathologist ("SLP").
23 This testing showed that C.H. had a delay in swallow initiation and Ms. Neiss concluded that
24 C.H. "is considered at risk for possible aspiration due to her delay in swallow initiation, deep
25 and frequency of laryngeal penetration."

1 48. This information was brought to Dr. Davies by Sophie. Dr. Davies discussed
2 with SCH providers the idea of a gastrostomy tube (“G-Tube”), which SCH providers initially
3 indicated they disagreed with, although they later recommended it.

4 49. C.H. continued to have oral and feeding therapy at Kinderling, but suffered from
5 vomiting.

6 50. Dr. Davies then referred C.H. for a gastrointestinal evaluation at SCH due to
7 Sophie’s ongoing concerns about C.H.’s frequent vomiting, documented by numerous
8 physicians.

9 51. In 2016 C.H. was hospitalized at SCH to observe her vomiting. It was observed
10 and documented, although there was disagreement at SCH as to the cause of the observed
11 vomiting. This disagreement caused concern to Sophie, who wanted to understand the
12 underlying cause of C.H.’s symptoms so that they could be directly addressed rather than just
13 continuing to treat the symptoms, and she voiced her concern to Dr. Davies.

14 52. In October 2016, the Hartman family moved to Lynden, Washington. They
15 moved to Lynden to be closer to a community of adoptive families of international children with
16 complex needs to provide C.H. with additional support. They also moved due to the decreased
17 cost of living. At that time, C.H.’s primary care was transitioned to David Pavlik, D.O., at
18 PeaceHealth Pediatric Clinic, although C.H. continued to travel to Seattle to see providers at
19 SCH.

20 53. Shortly after moving to Lynden, Washington, Sophie received referrals for C.H.
21 to enroll in physical therapy, occupational therapy, and speech therapy. Sophie enrolled C.H. at
22 Kornerstone Kids, where C.H. had therapy three times a week until September 2019.² Beginning
23 in August 2017, Bryce Blaser, DPT, and Jen Burnett, PTA, became C.H.’s physical therapists at
24

25 ² Like with Kinderling, therapists at Kornerstone Kids documented significant fluctuations in C.H.’s symptoms, including episodic inability to speak, difficulty with gross motor skills and strength, and cognitive regression, among other symptoms.

1 Kornerstone Kids, who made independent recommendations for mobility equipment such as
2 additional AFOs, an adaptive stroller, and a wheelchair.

3 54. In December 2016, C.H. underwent an electroencephalogram (“EEG”), a test of
4 brain activity, to assess the electrical activity in C.H.’s brain.

5 55. The EEG was analyzed by Christopher W. Beatty, M.D., who found that C.H.
6 had focal epileptiform discharges (spike waves in brain activity) in sleep, which were abnormal
7 and put her at risk for seizures.

8 56. Based on this EEG result, SCH neurologist Monica K. Samelson, M.D., and Dr.
9 Brei, recommended that C.H. start taking Trileptal (oxcarbazepine), an anti-seizure medication.
10 Sophie agreed, based on the recommendation of the medical staff at SCH, and SCH immediately
11 started C.H. on Trileptal. C.H.’s taking of oxcarbazepine would later be called “worrisome” by
12 Dr. Wiester, who reported Sophie to DYCF, but it was prescribed by providers at SCH based on
13 objective medical tests reflecting that C.H. was at risk of seizures.

14 57. With each additional recommendation for testing and therapeutic intervention, as
15 well as diagnosis of C.H. provided by C.H.’s providers, Sophie did everything she could to assist
16 C.H. and permit her to be as healthy and comfortable as she could be. It would later become
17 clear that, faced with observable evidence of actual symptoms that fit with an expert diagnosis
18 that explained them, Dr. Wiester, Dr. Ambartsumyan, Dr. Brei, Dr. Wainwright, and Nurse
19 Nancy Chase instead decided that Sophie was contriving the symptoms, which was illogical, bad
20 medical practice, and enormously harmful.

21 **C. After C.H.’s Symptoms Fail to Improve in 2016 and 2017, Sophie is Forced to Get**
22 **a Second Opinion after SCH Dismisses Sophie’s Concerns, which Leads to a**
23 **Diagnosis of AHC.**

24 58. In late 2016 and early 2017, Sophie began to notice that the medical providers at
25 SCH who had intermittent interactions with C.H. often questioned Sophie’s observations of her
daughters, and those of Dr. Davies (C.H.’s PCP), who saw C.H. regularly.

1 59. For example, when Sophie raised concerns or described the symptoms that she
2 had observed in C.H., those concerns were met with an unwillingness to engage with Sophie to
3 learn more about C.H. and determine the underlying cause of her symptoms. Sophie was told
4 C.H.'s symptoms were not likely to change (aligned with a diagnosis of static encephalopathy
5 and cerebral palsy), yet Sophie frequently observed changing symptoms, which did not appear
6 to be consistent with the diagnosis provided by SCH doctors. When Sophie brought this to the
7 attention of SCH doctors and questioned whether there may be an underlying cause of C.H.'s
8 symptoms or urgent care needed, SCH staff dismissed Sophie's concerns and implied that she
9 was overreacting. They even refused to review videos that Sophie presented to them of C.H.
10 actually exhibiting various distinctive medical symptoms.

11 60. Based on SCH's dismissal of Sophie's observations and the unanswered
12 questions and disagreement in diagnosis among SCH providers, Sophie asked for a second
13 opinion of what the medical providers at SCH had told her about C.H.'s diagnoses. Dr. Pavlik
14 referred C.H. to specialists at Mary Bridge Children's Hospital ("Mary Bridge"). Sophie had
15 every right to seek a second opinion to ensure that C.H. was being provided appropriate care,
16 and it was in C.H.'s best interest.

17 61. Sophie's experience with the doctors at Mary Bridge was vastly different from
18 her experience with SCH's doctors. Rather than dismissing Sophie's observations of C.H. and
19 her concerns about C.H.'s changing symptoms, the staff at Mary Bridge took a considered
20 approach to C.H.'s medical care in order to determine the root cause of her symptoms in order
21 to provide C.H. with the best possible care. The doctors at Mary Bridge showed genuine
22 curiosity, interest, and empathy in C.H.'s fluctuating symptoms and in finding the cause for them.
23 They engaged with Sophie when she brought them objective evidence of the symptoms she was
24 observing, such as videos of C.H. experiencing various symptoms.

62. In March 2017, C.H. was evaluated by a Gastroenterologist, Michael K. Pickens, D.O., of Mary Bridge.³

63. After evaluating C.H., Dr. Pickens directed that C.H. be administered a gastric emptying test by Bradley W. Fehrenbach, M.D., of Mary Bridge, which demonstrated that C.H. had markedly slow gastric emptying. Dr. Pickens diagnosed C.H. with gastroparesis, which is slowed or ineffective stomach motility.

64. Dr. Pickens also referred C.H. to his Mary Bridge colleague, Stephanie P. Acierno, M.D., a pediatric surgeon, to discuss the possible placement of a G-Tube (which had been previously rejected by SCH).

65. C.H. also saw Majeed Al-Mateen, M.D., a neurologist at Mary Bridge.

66. Both Dr. Al-Mateen and Dr. Pickens referred C.H. to Amy E. Yuen, M.D., a genomics physician at Mary Bridge, for additional testing.

67. Dr. Yuen performed genetic testing, which showed a variant of the ATP1A3 gene associated with AHC, a rare neurological condition causing recurrent but intermittent episodes of temporary paralysis, often affecting one side of the body.

68. This was the first time Sophie had been made aware of AHC. Based on the genetic analysis, fluctuating symptoms, diagnosis of epilepsy from SCH, and videos of C.H. that Sophie provided to Dr. Yuen at Dr. Yuen's request, Dr. Yuen considered AHC as a possible diagnosis.

1. Staff at Mary Bridge Recommend Placement of a G-Tube

69. Drs. Pickens, Yuen, and Acierno agreed that it was appropriate to proceed with the previously recommended G-Tube placement due to concerns about the safety of oral intake during C.H.'s AHC episodes and to support C.H. in maintaining adequate hydration. The

³ In August 2017 C.H. also began seeing Dawn Burgess, SLP, at Kornerstone Kids twice a week for speech therapy.

1 physicians agreed that slow continuous feeds through a G-Tube, either nightly or when C.H.'s
2 oral intake was decreased, could help her to avoid AHC episodes.

3 70. Sophie accepted these recommendations, and Dr. Acierno surgically placed the
4 G-Tube in C.H. in July 2017. The G-Tube was not meant to be C.H.'s sole source of nutrition
5 or hydration, especially because C.H. enjoyed eating and was capable of eating orally.

6 71. Given that AHC is a rare disease, Mary Bridge did not have any specialists who
7 were knowledgeable about or had experience with this disease, so Dr. Yuen took the initiative
8 to research the disorder and learned that the best experts on the disease were at Duke University.
9 Dr. Yuen then referred C.H. to Duke University to confirm her provisional diagnosis and guide
10 C.H.'s care at Mary Bridge.

11 72. After learning of the AHC diagnosis, Drs. Al-Mateen, and David Brunelle, M.D.,
12 by whom C.H. had also been evaluated at Mary Bridge, took the initiative to learn about
13 resources for AHC patients as well as their families, including an AHC patient support network
14 called Cure AHC, an organization that supports families who are caring for family members
15 diagnosed with AHC. At their recommendation, Sophie connected with Cure AHC.

16 ***2. Sophie Learns of Duke University's AHC Program and C.H.'s Diagnosis***
17 ***of AHC is Confirmed***

18 73. After discussing the issue with the President of Cure AHC, Sophie learned of Dr.
19 Mikati of Duke University's Department of Pediatrics, one of the world's top AHC specialists.

20 74. In mid-2017, Sophie met with Dr. Mikati by phone for an initial screening. After
21 Dr. Mikati asked questions about C.H. and her symptoms, Dr. Mikati indicated that he believed
22 that C.H. did have AHC and recommended she be evaluated at Duke University.

23 75. In April 2018 C.H. had the first of several comprehensive, multi-day evaluations
24 at the Duke University multi-disciplinary AHC program, where her AHC diagnosis was
25 confirmed. Dr. Mikati's diagnosis was based on an independent evaluation of C.H. including

1 direct evaluation by Dr. Mikati and his colleagues from the following specializations: cardiology,
 2 sleep medicine, gastrointestinal, neurodevelopmental medicine, neuropsychology, neurology,
 3 physical therapy, speech therapy (with a swallow evaluation), occupational therapy and nutrition.
 4 Dr. Mikati's diagnosis was also informed by the evidence of C.H.'s symptoms presented by
 5 Sophie.

6 76. According to Dr. Mikati, common episodic symptoms of AHC include diarrhea,
 7 constipation, hemiplegia, dystonia, abnormal eye movements, chorea, epilepsy, and reduced
 8 awareness spells, which symptoms can fluctuate and sometimes improve.

9 77. C.H.'s symptoms were observed at Duke University by Dr. Mikati and his
 10 colleagues and were documented. For example, one physical therapist at Duke University
 11 observed hemiplegia or weakness and dystonia on C.H.'s left side. Dr. Mikati also documented
 12 left hand and left facial weakness. Dr. Mikati later noted that C.H.'s EEG from SCH showed
 13 epileptic discharges, which supported his AHC diagnosis, as 50% of AHC patients have epilepsy.

14 **3. *C.H. Is Referred Back to SCH, and SCH Recommends Placement of a*** 15 ***Cecostomy Tube***

16 78. In June 2018, the Hartman family decided to move to Renton, Washington, to be
 17 closer to M.H.'s gymnasium, as she had become a nationally-ranked gymnast, and closer to
 18 C.H.'s medical providers at Mary Bridge.

19 79. That same month, a Mary Bridge gastroenterologist, Dr. Pickens, whom C.H. had
 20 been seeing for several years, referred C.H. to a gastrointestinal motility specialist, Dr. Lusine
 21 Ambartsumyan, at SCH for manometry testing.

22 80. Dr. Pickens later referred C.H. to Dr. Ambartsumyan to take over her
 23 gastrointestinal care because Dr. Pickens was relocating out of Washington. Dr. Pickens told
 24 Sophie that she should discuss with Dr. Ambartsumyan whether the placement of a cecostomy
 25

1 tube, through which liquid is injected to help induce and facilitate regular bowel movements,
2 could benefit C.H. in addressing her constipation.

3 81. Dr. Ambartsumyan performed an antroduodenal manometry test (a test that
4 records the pressure waves produced in the stomach and small intestine) on C.H., to evaluate the
5 neuromuscular integrity of C.H.'s stomach and small intestine. That test showed that C.H.'s
6 small intestine was abnormal with evidence of intrinsic neuropathy, abnormalities that were
7 consistent with nerve injury. These results, in conjunction with the already diagnosed
8 gastroparesis (slow stomach emptying), appeared to explain the cause of C.H.'s difficulties with
9 feeding.

10 82. Dr. Ambartsumyan's medical records reflect that she told Sophie multiple times
11 that C.H. might benefit from the conversion of her G-Tube to a gastrostomy-jejunostomy tube
12 ("G-J Tube"), which would provide for the supplemental tube feeds to go into her small intestine
13 instead of her stomach.

14 83. Dr. Ambartsumyan's medical records also reflect that she spoke with Sophie
15 about the possibility that C.H. might become dependent on total parenteral nutrition ("TPN")
16 (complete nutrition delivered intravenously) because of the abnormality that was detected on the
17 antroduodenal manometry testing that had been performed.

18 84. Due to C.H.'s ongoing constipation that had not responded to medications, Dr.
19 Ambartsumyan recommended the placement of a cecostomy tube to help C.H. with regular
20 bowel movements.

21 85. Sophie continued to comply with all recommendations from C.H.'s medical
22 providers and therapists, including the one from Dr. Ambartsumyan regarding the placement of
23 a cecostomy tube, to see that C.H. had the best care. Caitlin A. Smith, M.D., of SCH surgically
24 placed the cecostomy tube in December 2018. After the cecostomy, C.H. no longer had to take
25

1 MiraLAX and senna to try to manage her constipation, but instead engaged in a simple nightly
2 routine to relieve her bowels.

3 86. In late 2018, Dr. Al-Mateen advised Sophie that he was planning to retire in the
4 near future, and he recommended that Sophie transition C.H.'s care back to SCH from Mary
5 Bridge to facilitate the coordination of care with AHC experts at Duke University, as Mary
6 Bridge had done.

7 87. Because of this, the Hartmans would no longer have the support of the Mary
8 Bridge medical team who had worked so constructively, proactively, and diligently to diagnose
9 C.H.'s AHC and to coordinate with the AHC experts at Duke University in order to address her
10 symptoms. Sophie did not want to bring her daughter back to SCH, given that SCH had
11 disregarded objective evidence of symptoms, failed to diagnose C.H. with AHC, and questioned
12 Sophie's and C.H.'s PCP's observations of C.H.'s symptoms. But she followed the advice of
13 Drs. Pickens and Al-Mateen, and established C.H.'s care at SCH.

14 88. At SCH, only one medical provider caring for C.H. had experience with AHC, in
15 contrast with the doctors at Duke University, who are world experts in this rare disease. Nor did
16 the SCH medical providers coordinate C.H.'s care with the AHC specialists at Duke University
17 as the doctors at Mary Bridge had. This was the opposite of Sophie's experience with the doctors
18 at Mary Bridge, who had closely coordinated with the AHC specialists at Duke University in
19 order to manage C.H.'s AHC symptoms. The transition of C.H.'s care to SCH led to the
20 improper handling of her care, skepticism of Sophie's reporting of C.H.'s symptoms, and
21 eventual false diagnoses and accusations causing the removal of C.H. from her family for 492
22 days in total. This included total isolation from her family for 16 days during a forced
23 hospitalization, without permission or consent under the guise of "concern" for C.H.

D. SCH's Actions after Taking Over C.H.'s Care in 2019 Resulted in C.H. and M.H. Being Forcibly, and Wrongfully, Removed from Sophie's Care.

89. At an initial SCH care coordination conference, Dr. Ambartsumyan, Dr. Brei, Nurse Nancy Chase, and others agreed that: "To best serve C.H. . . . [they] . . . want to partner with C.H.'s PCP [her primary care provider, Dr. Pavlik] to maximize her care at home, support mother in her care and prevent ED visits and admissions." It was also agreed that SCH would collaborate with C.H.'s outside therapists. The notes from that meeting were provided to Sophie by Nurse Chase. Those notes stated that AHC is "a rare condition. SCH providers have limited to no experience with managing this condition."

90. Despite this documented agreement to coordinate with C.H.'s primary care provider, Dr. Pavlik, and therapists at Kornerstone Kids, who had been successfully caring for C.H. for years, SCH systematically failed to follow through with the promised coordination of C.H.'s medical care. In fact:

- i. SCH providers did not partner with C.H.'s primary care provider, Dr. Pavlik.
- ii. Dr. Wainwright noted that he was aware C.H. was receiving physical, occupational, and speech therapy but never once spoke to her therapists;
- iii. Dr. Mikati was only contacted in the months leading up to the report to DCYF, approximately 19 months later. During these conversations, the SCH physicians did not question the AHC diagnosis, nor did they share that they believed that Sophie was misrepresenting C.H.'s symptoms (though they did). Due to this conduct at SCH, C.H. received fragmented care, without the benefit of or guidance from the world-leading specialists in AHC at Duke University;
- iv. Dr. Ambartsumyan never spoke with any provider at Duke University (despite Sophie providing her with Dr. Mikati's phone number) or C.H.'s primary care physician, Dr. Pavlik, who were essential to learning about her very real diagnoses;
- v. SCH ignored efforts from Kornerstone Kids and Little Bit Therapeutic Riding Center to communicate regarding their direct observations of C.H. as to essential observables;

vi. SCH questioned Sophie's not bringing C.H. to the emergency department for a situation SCH believed that she could handle at home. They were secretly building a dossier against her as the true pathology, even though SCH had committed "to support mother in her care and prevent ED visits and admissions"; and

vii. Nurse Chase effectively became Dr. Wiester's eyes and ears to provide surreptitious surveillance of C.H. and Sophie. Nurse Chase sent Dr. Wiester information about C.H.'s care without Sophie's knowledge or consent. Nurse Chase took her position as C.H.'s complex care nurse (and supposed advocate for C.H.) and used that to provide a steady stream of information to Dr. Wiester that she would otherwise not have been privy to and to which she was otherwise unauthorized to have access.

viii. Dr. Wiester was never introduced or consented to by the family. She secretly monitored the family through second-hand observation and developed a wholly false series of accusations about people she had no proper involvement with.

1. From Day One, Dr. Wiester Suspected Medical Child Abuse and Formed a False Narrative Using SCAN Surveillance to Support her Suspicion

91. Shortly after this initial care coordination meeting in early 2019, a medical resident in training, Taylor Huntington, reported a concern about C.H. (the substance of which is unknown to the Hartmans) regarding medical child abuse to SCH's SCAN team, which is led by Dr. Wiester. SCAN receives referrals of suspected child abuse or neglect and investigates those reports to determine whether intervention via DCYF is required. This initial report was the catalyst for a years-long witch-hunt, led by Dr. Wiester, to find medical child abuse where there was no evidence of abuse. Notable, it was not actionable when made on April 10, 2019, but triggered hostile and malign intrusion by secret surveillance.

92. After this reported concern in April 2019, SCH's SCAN team began surveilling C.H. This just after C.H. had undergone her second multi-day evaluation at Duke University where her AHC diagnosis was reaffirmed.

93. As Dr. Wiester later reported to DYCF, "[c]onsultation was requested of the Safe Child and Adolescence Network (SCAN) in early 2019 by a group of C.H.'s SCH specialists and

1 providers at Seattle Children's Hospital because of concern regarding a pattern of parental
2 requests for increasingly invasive procedures based on undocumented signs and symptoms
3 reported by the parent." This was a false statement by Dr. Wiester. The consultation was not
4 requested by "a group of C.H.'s SCH specialists and providers at Seattle Children's Hospital"
5 but rather by a resident, a physician in training, who had limited interactions with C.H. and
6 Sophie and, on information and belief, was already working from a "narrative" contrived by the
7 SCAN team, which was so eager for child abuse cases that it made one up.

8 94. The SCAN surveillance process was a "deeply flawed" process that lacked any
9 clear set of criteria for evaluating C.H., a clear plan for monitoring her, or any serious
10 investigation or collaboration with C.H.'s healthcare providers for expert analysis of data that
11 SCAN collected.

12 95. In fact, the SCAN surveillance of C.H. was initiated by Dr. Wiester, who (at the
13 time) had not spoken with C.H. or her mother, Sophie (and has never), about any such concerns.
14 Dr. Wiester initiated this surveillance of C.H. without consulting any of the AHC specialists at
15 Duke University, – those best able to provide medical recommendations for managing C.H.'s
16 AHC symptoms.

17 96. SCAN's surreptitious surveillance went on for approximately two years and was
18 intentionally hidden from Sophie. Sophie had never failed to comply with a single medical
19 recommendation from SCH providers. During that time, SCAN's records were generated in a
20 secret "SCAN file" that was not part of C.H.'s medical records. SCAN members instructed
21 C.H.'s SCH providers not to reference their involvement with SCAN in any of C.H.'s medical
22 records that were available to the Hartmans, to prevent the family from knowing they were being
23 surveilled and set up. These secret records were concealed from the Hartmans until after being
24 subpoenaed well into the dependency action in 2021.

1 97. Following an initial SCAN team meeting on April 15, 2019, Dr. Wiester stated
 2 “[w]e must have consensus about this case,” “[i]t does not sound as if we are there yet,” and “[a]
 3 lot of choreography before showtime.” The “there” that had not been reached yet was the launch
 4 of the child abuse case. This was foreordained, and though the evidence was lacking, this did
 5 not stop Dr. Wiester and the abuse narrative leading to “showtime.” The “showtime” was their
 6 preconceived, dramatic false accusations.

7 98. By May 27, 2019, Dr. Wiester had drafted a letter to DCYF claiming child abuse
 8 of C.H. That letter was not actually sent to DCYF until *21 months later*, in February 2021. The
 9 putting of conclusions before facts – an accusation written years before any basis – is a pattern
 10 of misconduct akin to Lavrentiy Pavlovich Beria, Chief of the Soviet Secret Police under Joseph
 11 Stalin, saying, “Show me the man, and I’ll show you the crime.”⁴

12 ***2. Dr. Wiester Ignores Objective Medical Evidence Establishing that No***
 13 ***Abuse Was Taking Place***

14 99. Meanwhile, in 2019 C.H. returned to Duke University for a multi-day evaluation
 15 with multiple specialists. Again, Duke University clinicians observed varying symptoms during
 16 C.H.’s different AHC episodes. For example, Dr. Mikati documented that the neurodevelopment
 17 physician observed C.H.’s bilateral dystonia and speech problems. One Duke University
 18 neuropsychologist documented that C.H. had regressed as compared to the prior year. These
 19 symptoms were all documented and available to SCH. In fact, Sophie had provided C.H.’s Duke
 20 University medical records to SCH and directly informed SCH providers of the observations by
 21 Duke University specialists. Dr. Wiester seemingly ignored this information by taking actions
 22 that failed to account for what Duke University specialists were documenting.

24 ⁴ Each member of the SCAN team had an immediate duty to report actual child abuse. The writing of a letter
 25 referring child abuse allegations, had they been real, would have been required to be sent immediately. The
 withholding of the letter shows there was known to be no present basis for those 21 months. But the pre-writing
 of it shows the indictment was set, but the details were unknown, showing bias, malice, and intention to get to the
 pre-planned “showtime.”

100. In spring 2019, C.H. suffered from dehydration, which Sophie informed Dr. Ambartsumyan of through C.H.'s patient portal. Dr. Ambartsumyan responded curtly and then apologized, writing "I trust your judgment and your care of C.H. I know that in no way would you ever suggest a practice or an intervention that would not be safe and I apologize if you perceived my recommendations that way, however, that was not my intention." She actually did not trust Sophie's judgment but misled Sophie to believe that she was abiding parental decisions.

101. In June 2019, at C.H.'s next appointment with Dr. Ambartsumyan, it was noted that C.H. had been doing well since the placement of the cecostomy tube.

3. C.H.'s AHC Symptoms Are Observed by SCH, then Ignored

102. Choosing to ignore what Mary Bridge and Duke University physicians had documented about C.H., Dr. Wiester pushed in July 2019 for an inpatient observation of C.H. under Dr. Wiester's speculative purpose to help build a child abuse narrative that Dr. Wiester had been working on as a precursor to "showtime." During this investigative work that was falsely presented as advancing care for the AHC diagnosis, Dr. Wiester was interfering with actually providing proper medical care to C.H. Instead of disclosing her secret inquisition, Dr. Wiester misled the family to further her true purpose: confirming her own suspicion that Sophie had fabricated C.H.'s symptoms.

103. Dararat Mingbunjerdasuk, M.D., a pediatric neurologist at SCH, arranged for the inpatient observation of C.H. at Dr. Wiester's request. Sophie agreed because she was misled that a longer observation due to the variability of AHC symptoms was necessary.

104. At Sophie's urging, Nurse Chase created a log that the nurses used to document C.H.'s symptoms. Sophie believed at the time that Nurse Chase was a good-faith medical care provider for C.H. and was assisting with C.H.'s medical care. But unbeknownst to Sophie, Nurse

1 Chase continued to feed information, including this nurse log, to Dr. Wiester to support Dr.
2 Wiester's predetermined case of child abuse.

3 105. During this inpatient stay, Dr. Mingbunjersuk observed an episode of C.H.'s
4 AHC's symptoms. This episode was documented in the system Sophie encouraged SCH to use.
5 Those notes reflect various AHC symptoms, including (among other symptoms) that C.H.
6 experienced hours where she could not speak, appeared unaware of her environment, could not
7 support her weight or walk, and mumbled. Dr. Brei also witnessed C.H.'s episodes and made
8 note of it in his medical records on July 18, 2019.

9 106. This episode was kept from any of the Duke University multi-disciplinary AHC
10 team members who were working with C.H. to devise care for her AHC. Had the secret records,
11 which were patient records, not been concealed, those AHC experts may have been able to refute
12 the wild inquisition that SCH and its agents were engaged in. Instead, this episode was kept
13 secret and was discussed internally among SCH providers, but only as to how it fit with their
14 preferred diagnosis – child abuse. In an e-mail discussing what Dr. Brei had witnessed, he wrote,
15 "I'm sorry that this complicates things" and "I tried to document in as objective a way as I could
16 think of." The evidence did not fit the child abuse theory that various individuals at SCH had
17 been working on. Instead, SCH and the SCAN team and its collaborators continued to refuse
18 proper AHC care to C.H., which undermined C.H. and the Hartman family.

19 107. Following the observation of these episodes by Drs. Mingbunjersuk and Brei,
20 the SCAN team had a meeting coordinated by Nurse Chase and Dr. Mingbunjersuk on July 30,
21 2019. That meeting was attended by Dr. Mingbunjersuk, who, according to records, was
22 described as being "pretty upset" given C.H.'s objectively clear AHC episode.

23 108. At this meeting, the SCAN team emphasized again that C.H. was likely the victim
24 of medical child abuse, despite objective evidence to the contrary. Instead of providing actual
25 medical care, the SCAN team planned to "Enter into a behavioral contract with mother and report

her to [DCYF] if she does not comply.” Essentially, SCH chose to dismiss C.H.’s symptoms, which were clearly AHC symptoms, instead electing a dramatic narrative of child abuse.

109. The so-called “behavioral contract” was never communicated or provided to Sophie. As such, she never had an opportunity to comply, even though she had complied with all SCH medical recommendations that *were* communicated to her. There was no medical basis for such a “contract,” or the ignoring of an expert AHC diagnosis.

4. Dr. Wiester Attempts to Garner Support for a DCYF Referral, and Urges the Removal of the AHC Diagnosis

110. The SCAN team, including Dr. Wiester, urged Dr. Mingbunjerdsuk to remove the AHC diagnosis from C.H.’s medical records, despite the fact that Dr. Mingbunjerdsuk was not willing to do so. Effectively, the SCAN team actually sought to remove a medical diagnosis and information to fit its false narrative, that it was waiting for “showtime” on. Dr. Mingbunjerdsuk did not believe that Dr. Mikati’s AHC diagnosis, as an expert, could be ignored.

111. The SCAN team then *insisted* that Dr. Mingbunjerdsuk cease prescribing medications for AHC. Dr. Mingbunjerdsuk refused.

112. An e-mail from Dr. Mingbunjerdsuk dated August 1, 2019, read: “From Neurology Team, we do not have neurologic indication for [DYCF] to be involved.”

113. An e-mail from Dr. Wiester to Dr. Mingbunjerdsuk on August 2, 2019, read “[t]his child is being harmed and impaired by treatment of undocumented symptoms and a perception of illness and disability unsupported by objective findings.” Those objective findings were present, and Dr. Wiester and the SCAN team had sought to suppress them.

114. The SCAN team continued to pressure Dr. Mingbunjerdsuk to remove the AHC diagnosis. Dr. Mingbunjerdsuk ultimately stopped acting as C.H.’s neurologist in October 2019. C.H.’s neurology care was then taken over by Mark S. Wainwright, M.D., Ph.D., the chief pediatric neurologist at SCH.

1 115. In late 2019, Dr. Wiester created C.H.'s care plan, despite not being C.H.'s
2 physician, not having met or sought consent from the family, not being a gastrointestinal
3 specialist, and not having ever evaluated C.H. That care plan indicated that C.H. should undergo
4 the removal of the G-Tube.

5 116. Dr. Ambartsumyan agreed (without any informed consent by the family) to Dr.
6 Wiester's plan, including increasing oral feeds. But Dr. Ambartsumyan failed to follow through
7 with instructing Sophie to increase oral feeds or stop using the G-Tube. Records show that
8 Sophie was instructed by Dr. Ambartsumyan to *continue* C.H.'s tube feeding regimen at each
9 subsequent appointment. In other words, Sophie was never asked to change C.H.'s care, increase
10 oral feeds with the goal of weaning off G-Tube feeds, or otherwise instructed to stop using the
11 G-Tube. But Sophie was then set up to be viewed as having *refused* to do so.

12 117. In November 2019, Dr. Ambartsumyan was on maternity leave.
13 Ghassan Wahbeh, M.D., the Director of the Inflammatory Bowel Disease Center at SCH,
14 evaluated C.H. during Dr. Ambartsumyan's absence.

15 118. In November 2019, Dr. Wahbeh recommended that C.H.'s G-Tube be converted
16 to a G-J Tube, which Dr. Ambartsumyan had previously indicated may be beneficial to C.H.

17 119. In March 2020, C.H. attended a third multi-day, multi-disciplinary evaluation at
18 Duke University. C.H.'s AHC diagnosis was once again reaffirmed. C.H.'s diagnosis was later
19 reaffirmed, for a fourth time, by Duke University in 2021. No qualified medical specialist, at
20 any time, challenged that diagnosis, except for the lurid accusation of the SCAN team that Sophie
21 was somehow manipulating all of these experts.

22 120. During this third evaluation in March 2020 at Duke University, C.H. underwent
23 a 15-minute non-surgical conversion of the G-Tube to a G-J Tube, based on both the
24 recommendation from Dr. Wabeh at SCH and in consultation with the gastrointestinal specialist
25 at Duke University. As she had always done, Sophie followed the recommendation of C.H.'s

1 medical providers. She of course assumed that they had C.H.'s best interest at heart, and were
 2 operating with the family's informed consent in an honest and trustworthy manner (unaware of
 3 the SCAN team's interference with that real medical care).

4 **5. *C.H. Suffers from Precocious Puberty, Worsening her AHC Symptoms.***
 5 ***While Obtaining Care for these Worsening Symptoms, Dr. Wiester and the***
 6 ***SCAN Team Ramp up their Efforts to Make a False Case of Medical***
 7 ***Child Abuse***

8 121. In the summer of 2020, C.H.'s AHC symptoms worsened, in part due to the stress
 9 of being in school remotely due to COVID-19. In the summer of 2020, Sophie also noticed signs
 10 of precocious puberty in C.H., who had just turned six years old. Sophie reported what she
 11 observed to Dr. Wainwright.

12 122. Dr. Wainwright referred C.H. to Helen L. Dichek, M.D., an endocrinologist. Dr.
 13 Dichek confirmed that C.H. was likely in early puberty.

14 123. Dr. Dichek recommended that C.H. undergo testing and consider treatment
 15 options for precocious puberty. Dr. Dichek informed Sophie that treatment could be delivered
 16 via regular, monthly injections or a more long-term implant that would provide hormone-
 17 suppressant medication. Dr. Dichek informed Sophie that *either* option was appropriate. Sophie
 18 preferred an implant to regular injections of hormone suppression medication, which were the
 19 two options discussed with her, because the implant would subject C.H. to less pain than regular
 20 injections by needle. In addition, having to go to the hospital for monthly appointments for the
 21 injections would be disruptive to C.H.'s schedule, including her school schedule, and would be
 22 difficult for Sophie, as a single mother, given C.H.'s extensive specialist appointments and
 23 therapy sessions.

24 124. During this time, Dr. Wiester and the SCAN team continued surreptitiously
 25 monitoring C.H.'s care. Dr. Wiester e-mailed and called Dr. Dichek and told her that the implant
 option for hormonal therapy was a concern to Dr. Wiester (although Dr. Wiester is not an

1 endocrinologist, and this therapy had been recommended as a choice to Sophie by an SCH
2 colleague who is an endocrinologist). Dr. Wiester continued with her preconceived abuse
3 narrative and continued planning to refer Sophie to DCYF.

4 125. Dr. Dichek did not believe a DCYF referral was warranted based on her
5 observations of C.H., and refused Dr. Wiester's later request to endorse Dr. Wiester's letter to
6 DCYF. But this did not stop Dr. Wiester, who continued to argue against and undermine care
7 for AHC because of her false narrative, albeit secretly and without ever meeting the child or
8 mother.

9 126. C.H.'s AHC symptoms continued to worsen, despite following the
10 recommendations of the medical staff at SCH. Those recommendations were affected by the
11 SCAN team's interference and "friendly fire." This led to C.H. being hospitalized in late October
12 2020.

13 127. John J. Alexander, M.D., was the attending neurologist for the inpatient stay. His
14 notes reflect that he believed that C.H. did suffer from AHC, and that her symptoms were likely
15 worsened by precocious puberty, such that treatment for precocious puberty was necessary. Sara
16 A. DiVall, M.D., the on-call endocrinologist, completed the referral for a histrelin implant, an
17 implant that provides the release of a natural hormone to treat precocious puberty.

18 128. Dr. Wiester continued to monitor these communications and expressed her
19 concern, again without expertise or subject-matter knowledge, that C.H. was recommended for
20 the implant that Dr. Dichek, the consented-to care provider, had recommended to Sophie.

21 129. Suddenly, on the last day of C.H.'s hospitalization, Dr. Dichek changed C.H.'s
22 care from hormone therapy for precocious puberty, as was recommended by several SCH
23 physicians, to "watchful waiting." Upon information and belief, Dr. Wiester directed this
24 change, again without any informed consent, request for informed consent, or expertise.
25

1 130. This change to C.H.'s care was not communicated to Sophie until 25 days later,
2 with no explanation as to why the plan had changed. Sophie had signed paperwork for C.H. to
3 receive the implant for hormone suppression medication and expected C.H. would be treated for
4 precocious puberty as recommended by her doctors. When Sophie asked about the implant, she
5 was told the injections would be given, but was never informed when. They were not, and she
6 was given vague or false answers like that the injections were backordered.

7 131. Sophie became concerned and reported those concerns to Drs. Dichek and
8 Wainwright, the latter of whom requested a referral to another endocrinologist. No one ever
9 followed up with Sophie about the referral. Sophie also submitted complaints about Dr. DiVall
10 (and later about Dr. Dichek). The complaint against Dr. DiVall was related to a pubic exam she
11 performed on C.H. without consent. The exam was also performed without wearing gloves. The
12 complaint against Dr. Dichek concerning Dr. Dichek's lack of communication about C.H.'s
13 treatment plan and abrasive interaction with C.H. and Sophie during an outpatient visit. There
14 was no follow-up by SCH regarding those complaints.

15 132. Dr. Dichek informed Dr. Wiester about the complaint that Sophie had made
16 against her. Dr. Dichek later testified in the attempt to remove C.H. from her family that "[she]
17 did not intend for her request for moral support [from Dr. Wiester] to result in a [DCYF]
18 referral." This was referencing "moral support" for an unwelcome "child abuse medicine"
19 practitioner whom the family had no knowledge about. Dr. Dichek admitted that it was
20 reasonable for Sophie to be confused and concerned given the ongoing changes in C.H.'s care
21 plan with no communication with Sophie to keep her informed of these changes.
22
23
24
25

1 **6. C.H.'s Symptoms Improve, but Dr. Wiester Presses forward and Reports**
2 **Sophie to DCYF**

3 133. By July 2020, C.H.'s precocious puberty appeared to have slowed. Precocious
4 puberty can commonly start and stop as a child ages. This contributed to a lessening of C.H.'s
5 AHC symptoms.

6 134. Meanwhile, Dr. Wiester continued pursuing the SCAN surveillance based on her
7 fixed idea of ongoing medical child abuse. Other doctors continued to disagree. Dr. Wainwright,
8 for example, stated that he did not believe that a case of medical child abuse was "clear at all."

9 135. Dr. Wiester pressed forward with her narrative, against all objective evidence,
10 that C.H. was the victim of medical child abuse. In December 2020, she wrote, "If [Sophie] does
11 not [agree with our plan], escalation to [DCYF] would be warranted." This plan was never even
12 communicated with Sophie, and so once again Sophie never had the opportunity to comply with
13 Dr. Wiester's plan. That plan was falsely premised on a non-expert's speculative accusations in
14 any event.

15 136. In January 2021, C.H. saw Dr. Ambartsumyan for the first time since Dr.
16 Ambartsumyan had gone on maternity leave in 2019. Sophie informed Dr. Ambartsumyan that
17 C.H.'s symptoms were improving. During that appointment, Dr. Ambartsumyan did not
18 recommend any changes to C.H.'s care, nor did she instruct Sophie to stop using the G-J Tube
19 or indicate she thought the use of the G-J Tube was inappropriate.

20 137. C.H. also saw Dr. Wainwright, who indicated that he would discuss with Dr.
21 Mikati whether weaning off some of the neurological medications was appropriate. Dr.
22 Wainwright documented that Sophie was receptive to the possibility of weaning off the seizure
23 medication, but she was concerned about reducing the medication for dystonia, given that it had
24 been helpful. Sophie asked that the team at SCH confer with Dr. Mikati prior to making any
25

1 changes to C.H.'s medications, since Dr. Mikati had AHC expertise, which the SCH providers
2 did not. Dr. Wainwright never conferred with Sophie and never coordinated with Dr. Mikati.

3 138. There was an apparent improvement in C.H.'s medical condition. Dr.
4 Wainwright confirmed that Sophie was agreeing to wean off medications and medical therapy
5 as was recommended. But suddenly, on February 18, 2021 (nearly two years after first indicating
6 that medical child abuse was suspected), Dr. Wiester directed one of her SCAN social workers
7 to make a referral to DCYF citing medical child abuse. As part of that referral, Drs. Wiester,
8 Brei, Ambartsumyan, Wainwright, and Nurse Chase told DCYF that they had – as experts –
9 found child abuse.

10 139. That letter, endorsed by Drs. Wiester, Brei, Ambartsumyan, Wainwright, and
11 Nurse Chase, misrepresented and ignored C.H.'s medical records. It also included a number of
12 false statements, and other misleading indications, for example:

- 13 i. Dr. Wiester stated that “[t]he cause for [C.H.’s symptoms] was not determined.”
14 But it *was* determined to be AHC, by actual experts, as reflected extensively in
15 C.H.’s medical record.
- 16 ii. Dr. Wiester stated that the reason for the G-Tube and cecostomy tube were
17 unknown. This was false. Dr. Wiester knew, as it was clear from C.H.’s records,
18 the reason for these medical interventions. In fact, the cecostomy tube had been
19 recommended by Dr. Ambartsumyan herself, even though she still signed the
20 letter.
- 21 iii. Dr. Wiester indicated that Sophie had failed to follow the recommendations and
22 directives of SCH. But Sophie was never made aware of any of the
23 recommendations that she was accused of failing to follow until after C.H.’s
24 removal by DCYF, and Sophie had complied with all of the medical
25 recommendations that she had been made aware of.
- iv. Dr. Wiester wrote that Sophie had made false reports about C.H.’s chronic
vomiting, which were untrue based on the medical records that reflected observed
instances of vomiting by Mary Bridge staff and by SCH staff.
- v. Dr. Wiester also left in the letter other statements that were known by Dr. Wiester
to be false and that was told to her by Dr. Brei to be false (although Dr. Brei still

1 endorsed the letter which included allegations that Dr. Brei had alerted Dr.
2 Wiester needed correction).

3 vi. It falsely stated that consultation was requested by the SCAN team in 2019. In
4 fact, the referral had come from Taylor Huntington, a resident in training.

5 vii. Dr. Wiester indicated that “[t]here was reportedly one ‘episode’ witnessed by Dr.
6 Brei of the neurodevelopmental department. It was unclear to Dr. Brei if this was
7 indeed a behavioral event.” It was not “unclear” what the reason for the episode
8 was, it had been well-documented documented as an AHC episode. Dr. Wiester
9 knew that claiming the reason for the episode was “unclear” was misleading and
10 was even told this by Dr. Brei, a neurodevelopmental specialist on C.H.’s care
11 team.

12 viii. Dr. Wiester stated that Dr. Brei had “[r]ecommended in the past (as has the team
13 at Duke University) behavioral evaluation and treatment for C.H. This has not
14 been obtained at this point.” But, as Dr. Brei later admitted, it is up to a parent to
15 decide the appropriate behavioral therapy for a child, and not following a
16 recommendation for such therapy is often the case and not a basis to report a
17 parent to DCYF. In any event, the supposed refusal never happened.

18 ix. Dr. Wiester indicated that C.H. had undergone three swallow studies that were all
19 found to be normal, but her medical records make clear she had only undergone
20 one in November 2016, and that it yielded an abnormal result.

21 x. Dr. Wiester and the other authors never corrected these misstatements, despite
22 being shown false in sworn testimony.

23 xi. The overall impression of the letter was that Sophie was a rogue actor, creating
24 improper treatments, which were falsely portrayed as unmoored from medical
25 advice. The suppression of the actual expert diagnosis, the actual medical and
evidence-based care decisions, and the meddling and secret interference of the
SCAN team, were omitted. This created a highly misleading impression.

140. Notably absent from Dr. Wiester’s letter were the results of C.H.’s EEGs; the fact
that AHC episodes had been observed by SCH, including by Drs. Brei and Mingbunjerdasuk; the
AHC diagnosis-supporting observations and evaluations by Dr. Mikati’s expertise that SCH had;
the AHC diagnosis-supporting observations by Dr. Al-Mateen that were reflected in the medical
records that SCH had; the contents of the nurse’s notes from the 2019 hospitalization reflecting

1 C.H.'s AHC symptoms that had been observed by SCH; the contents of C.H.'s extensive medical
2 record reflecting AHC symptoms observed by numerous other physicians, including SCH
3 physicians; and extensive material facts to actually tell the truth about C.H.'s actual diagnosis
4 and needs and Sophie's devotion and diligence. Essentially, Dr. Wiester cherry-picked
5 information from C.H.'s records that supported her false claim of medical child abuse, drafted
6 the referral letter with the fabricated allegations and claims, and pressured her colleagues to co-
7 sign the uncorrected referral letter. She did this even though these colleagues had alerted Dr.
8 Wiester previously of the need for corrections.
9

10 ***7. DCYF Removes C.H. and M.H. from their Mother's Custody without any***
11 ***Proper Investigation or Basis for Removal***

12 141. On March 17, 2021, a month after DCYF received the referral from Dr. Wiester,
13 C.H. and M.H. were removed from Sophie's custody by Detective O'Rourke of the City of
14 Renton Police Department.

15 142. Upon the removal, Detective O'Rourke used the removal and warrant to search
16 Sophie's home (which was largely copied-and-pasted from Dr. Wiester's misleading referral to
17 DCYF) to search Sophie's home for supposed evidence of assault and child abuse. This raid of
18 the Hartman home was performed without notice.
19

20 143. During that raid, the CRPD and Detective O'Rourke searched and seized several
21 boxes of Sophie's private and highly-confidential prayer journals, which were in boxes in
22 Sophie's garage. These prayer journals contained Sophie's most private thoughts and were never
23 intended to be seen by anyone else, let alone publicized openly in court and used by the media.
24 DCYF used cherry-picked portions from the hundreds of pages of prayer journals in court to
25 attempt to show that Sophie was an unfit mother. DCYF had to resort to those pages because

1 the medical records failed to show the contrived story of abuse created by Dr. Wiester and
2 continued by DCYF and its agents.

3 144. This surprise raid was maximally dramatized with police wearing tactical gear to
4 create the impression of expected violence by Sophie in an effort to embarrass and harm to harm
5 the Hartman family and humiliate Sophie.
6

7 145. No emergency existed and there was no imminent risk of harm to either C.H. or
8 M.H. at the time of their removal from Sophie's custody. In fact, shortly before the removal,
9 Sophie had reported to Dr. Ambartsumyan that C.H. was doing well. Even worse, there were no
10 allegations of medical child abuse or abuse of any form related to M.H., yet she was still removed
11 as well.
12

13 146. After C.H.'s and M.H.'s removal from their mother's custody, Dr. Wainwright
14 reversed his support for the true and expert AHC diagnosis. When asked why he reversed his
15 support for the AHC diagnosis, which had been confirmed and then serially reaffirmed by world-
16 renowned experts in AHC at Duke University. Dr. Wainwright stated he had done so after
17 speaking with Detective O'Rourke. Detective O'Rourke has no medical expertise and no
18 knowledge of AHC. Dr. Wainwright could not recall what Detective O'Rourke had told him
19 that would change his support for the AHC diagnosis, but he did so.
20

21 147. At the time of the removal, DCYF had made no prior effort to mitigate any
22 supposed threat. In fact, DCYF had never been in touch with Sophie until the maximally
23 traumatic removal.

24 148. Ms. Owens made no referrals and offered no services to remedy any perceived
25 threat or to enable Sophie to comply with such referrals, services, or recommendations. She did

1 nothing to try to mitigate any supposed threat to C.H. and M.H. before proceeding to remove
2 them from Sophie's custody, in contravention of DCYF's own policies. Ms. Owens later
3 admitted this under oath.

4
5 149. Ms. Owens informed Sophie that she was entitled to updates about C.H. every 24
6 hours. But those updates were untimely and seldom provided, and she was not provided with
7 documentation of, or the opportunity to provide informed consent to, the medical care that C.H.
8 was being subjected to at SCH's direction after the removal. This occurred even when Sophie
9 had lawful parental medical decision-making authority over C.H.

10 150. Ms. Owens prepared and filed the dependency petition relying largely (in a near
11 copy-and-paste-fashion) on the report from Dr. Wiester to DCYF and information provided by
12 law enforcement (itself a copy-and-paste from the SCAN team). Ms. Owens failed to complete
13 any independent investigation. She only "briefly" reviewed five volumes of records from SCH.
14 After that, she assumed that the statements in Dr. Wiester's letter were true, despite not having
15 any medical training, not talking to Sophie, and not talking to the actual medical experts. Her
16 only other "investigation" involved speaking to Dr. Wiester, Detective O'Rourke, and a social
17 worker at Duke University, who was unaware of why Ms. Owens was calling and could not
18 provide any useful information. This was a perfunctory pretend-investigation, totally non-
19 compliant with policies, due care, or common sense.
20

21
22 151. Ms. Owens also contacted Little Bit Therapeutic Riding Center. Despite not
23 asking any questions about C.H.'s therapy, she told the therapists there that C.H. would not be
24 allowed to continue with her occupational therapy because SCH deemed it unnecessary (Sophie
25 was still in charge of these decisions). She also removed C.H.'s custom orthotics from the family

1 home, at the direction of the SCAN team, which directed that they not be used. These actual
2 therapeutic devices were portrayed as Sophie's props to use C.H. for dramatic attention.

3 **8. *C.H. Is Forced into an Isolated Hospitalization at the Direction of the***
4 ***SCAN Team***

5 152. After C.H.'s removal, she was involuntarily forced into a 16-day hospitalization
6 in isolation from her family. That hospitalization resulted in C.H. being left alone for long
7 periods of time, during which she was observed by SCH staff. No effort was made to place C.H.
8 with her family, including her grandmother or aunt (who immediately flew in from out of state
9 to care for C.H. and M.H.), and who were able to care for C.H. and M.H.. Sophie was disallowed
10 to visit with M.H. for 17 days after the removal, causing enormous emotional distress to the
11 whole family.
12

13 153. The supposed purpose of C.H.'s hospitalization (to observe C.H.'s symptoms)
14 was frustrated because no monitoring plan was put in place. Sophie had previously provided
15 SCH providers with a method for documenting C.H.'s AHC episodes, and SCH had devised a
16 chart that was embedded within C.H.'s medical record to track AHC symptoms, which SCH
17 failed to implement during this 16-day forced hospitalization. In fact, Nurse Chase inquired
18 whether it should be assumed no symptoms would be observed, which appears to have been
19 SCH's plan all along – to reveal that Sophie was causing C.H.'s symptoms, which SCH
20 supposedly anticipated would disappear when the family was separated. Upon information and
21 belief, this failure to document symptoms was deliberate, to support Dr. Wiester's false claim
22 that the AHC symptoms were being falsified by Sophie.
23

24 154. No visits were permitted with C.H., including by her family, during the 16-day
25 hospitalization. The hospitalization was a subterfuge to maintain the isolation of C.H. from her

1 family for the duration of the forced hospitalization. Aside from wrongful family separation,
 2 C.H. was blocked from proper medical care because of the SCAN team's misguided stratagem
 3 – itself child abuse.

4 155. On discharge, resident physician in training Angad Kuchar, M.D., noted that
 5 “C.H. is a normal 6-year-old child who just needs love.” This suggested that the real pathology
 6 was Sophie – she just needed love, not a malign operator like her manipulative, criminal mother.
 7 This was a reflection of Dr. Wiester and the SCAN team's witch-hunt ideation, which they
 8 continued even after they saw that C.H.'s AHC symptoms had not been stopped by separating
 9 the family.
 10

11 ***9. The Dependency Action, Criminal Charges against Sophie, and Resulting***
 12 ***Harm to the Hartman Family***

13 156. After the 16-day hospitalization and during the dependency action to have a court
 14 take C.H. away indefinitely, decision-making authority over C.H.'s care was given to DCYF and
 15 C.H.'s grandmother and aunt. Sophie was only permitted supervised visits with C.H. SCH also
 16 appointed Dr. Nauert (one of the SCAN team members) as C.H.'s PCP and removed Dr. Pavlik,
 17 who had been C.H.'s PCP since October 2016, from her care. SCH and Dr. Nauert then directed
 18 C.H.'s care, in coordination with DCYF, excluding Sophie and continuing to deny the AHC
 19 diagnosis and refuse proper medical treatment.
 20

21 157. Dr. Nauert prevented C.H. from going to her therapies and treatments for AHC,
 22 prevented C.H. from using her orthotics, and intentionally ignored C.H.'s severe gastrointestinal
 23 symptoms. Dr. Nauert regularly coordinated C.H.'s care with Dr. Wiester and acted as an agent
 24 of DCYF to control C.H.'s medical care. This was extremely harmful to C.H.
 25

1 158. During the dependency action, Ms. Maulden, a DYCF worker who had no
2 experience in medical child abuse cases, purported to “investigate” whether a risk of harm
3 existed. Ms. Maulden listened to the doctors at SCH now fully controlled by the SCAN team
4 and its dogma and relied on Detective O’Rourke to determine that there was
5 “overmedicalization,” (or that Sophie was a manipulator per Munchausen Syndrome by Proxy).
6 She took actions that specifically harmed C.H., like opposing Sophie’s request for an
7 independent primary care physician other than Dr. Nauert.

9 159. Ms. Whalen, a CASA worker and former DYCF worker, was assigned to be a
10 supposed independent advocate for C.H. However, she did not independently advocate for C.H.
11 Instead, Ms. Whalen objected to Sophie’s requests to permit C.H. to resume therapy and attend
12 her annual evaluations at Duke University despite Ms. Whalen’s limited training and skill in
13 medical child abuse cases and failure to inquire about the real AHC diagnosis. While blocking
14 access to the real experts and denying the real diagnosis, Ms. Whalen concluded that C.H. was
15 being harmed blindly, accepting falsehoods to support that opinion.

17 160. In May 2021, criminal charges were filed against Sophie for two counts of felony
18 assault, one for the hormone suppression implant and one for the cecostomy tube. Both of these
19 procedures had been recommended by C.H.’s physicians. As to the cecostomy tube, Dr.
20 Ambartsumyan noted on December 10, 2018, that the “decision has been made to move forward
21 with cecostomy tube placement on 12/27.” As to the hormone suppression implant, Dr. Dichek
22 specifically told Sophie that the hormone suppression implant was appropriate to address C.H.’s
23 signs and symptoms of precious puberty. The charges were brought by the King County
24 Prosecutor’s Office and supported by Detective O’Rourke. These charges were built upon the
25

1 false, misleading, and negligent statements and omissions of DCYF, Ms. Owens, Ms. Maulden,
2 CASA, Ms. Whalen, Dr. Wiester, Dr. Ambartsumyan, Dr. Brei, Dr. Wainwright, and Nurse
3 Chase and their deliberate suppression of the actual medical facts, diagnosis, and
4 recommendations, including SCH's own licensed professionals' recommendations of these very
5 same treatments.

6
7 161. These felony charges led to a media frenzy. The false information about Sophie
8 in the criminal court documents was repeated along with the misleading and untrue allegations
9 made by DCYF, Ms. Owens, Ms. Maulden, CASA, Ms. Whalen, Detective O'Rourke, the
10 CRPD, Dr. Wiester, Dr. Brei, Dr. Wainwright, Dr. Ambartsumyan, and Nurse Chase in the
11 dependency action.

12
13 162. For example, headlines in the news read that Sophie "CALLOUSLY ABUSED
14 her ADOPTED black child?" and that Sophie had subjected her "adopted daughter to [an]
15 unnecessary feeding tube, wheelchair, [and] hundreds of medical appointments." Numerous
16 media outlets reported that no one else had observed any symptoms, implying that Sophie had
17 made everything up. One article read that "these symptoms, including severe seizures, had not
18 been observed by anyone other than [Sophie]." Dr. Wainwright even falsely reported to the
19 media that during the 16-day hospitalization, there had been "genetic testing, which had not
20 identified a variant in the gene associated with [AHC]." This is contradicted by C.H.'s medical
21 records and objective testing.

22
23 163. In addition, the media reported that Sophie "went on a PR tour for her sick,
24 adopted African child" and that she, as a "white, Jesus-loving former missionary" who strapped
25 her "little Black girl born in Zambia" into a wheelchair. It was also reported that "[a]fter adopting

1 two siblings from Zambia, Hartman rode a wave of self-generated publicity that started with a
2 book she wrote about her missionary work in that African nation that led to her adoptions.” She
3 was painted as not only abusive but also as having made up her child’s very real medical
4 symptoms for purposes of publicity and to sell books. These publications were outrageous and
5 greatly humiliating and harmful, especially to Sophie in her career as a writer and to the children,
6 who have been profoundly traumatized and humiliated.
7

8 164. This misconduct led to death threats against Sophie and her attorney, forcing
9 Sophie to remain inside a hotel for safety. In total, the Hartman family has spent over \$2,850,000
10 fighting the baseless allegations against them and ill-founded criminal charges brought at the
11 urging of SCH and DCYF. These lies, misleading statements, and omissions were perpetrated
12 by the misconduct of DCYF, Ms. Owens, Detective O’Rourke, the CRPD, Dr. Wiester, Dr. Brei,
13 Dr. Wainwright, Dr. Ambartsumyan, and Nurse Chase. The Hartmans’ financial loss during this
14 process included posting a bond of \$100,000 to keep Sophie from having to spend extensive time
15 in jail after her arrest for charges of assault. The posting of the bond resulted in the placement
16 of a lien on Sophie’s family’s home and a payment of significant funds to obtain the bond. To
17 raise funds, the family incurred significant additional costs, including liquidation of retirement
18 assets.
19

20 165. The dependency action lasted 14 months.
21

22 166. After 14 months of separation and suffering for the Hartman family, it was
23 ultimately made clear that C.H. suffered from AHC. The judge in the dependency action found
24 that SCAN’s process was “deeply flawed,” after Dr. Wiester’s and others’ misleading
25 representations were revealed for what they were.

1 167. The false abuse was painstakingly debunked by a trial of 49 days. The family
2 presented in court the thoroughly-documented medical evidence including from world-leading
3 physicians in the field of AHC.⁵ It was established that there had been no basis for the removal
4 of C.H. or M.H. in the first place.

5 168. Even though the Hartmans had prevailed in the dependency action and trial, SCH
6 succeeded in gaining control of, and continuing, the unwelcome forced medical care of C.H.
7 SCH did this by using the coercive threat of criminal prosecution on the same fact pattern as the
8 dependency action. This meddling and unfit medical care continued through December 1, 2023,
9 which was subsequently shortened to November 29, 2023. The only reason that the Hartmans
10 “agreed” to this was that, after funding their successful defense against the dependency action,
11 they did not have the financial resources to fund a subsequent criminal defense against the
12 unfounded criminal allegations that numerous Defendants used as a backstop to continue their
13 narrative and seek to coerce their continued interference with the family’s rights and proper
14 medical care. In essence, by successfully defending against the dependency action, the Hartman
15 family had been deprived of their financial ability to fight back against the criminal charges,
16 which were based on the same false and misleading statements and misconduct of DCYF, Ms.
17 Owens, Ms. Maulden, Detective O’Rourke, the CRPD, Dr. Wiester, Dr. Brei, Dr. Wainwright,
18 Dr. Ambartsumyan, Nurse Chase, and SCH that had led to the dependency action.

19 169. As a result, the Hartmans had no financial means to defend the criminal changes
20 and were forced into entering an “agreement” with the criminal prosecutor, under which SCH
21

22
23
24
25

⁵ During the course of the dependency action, many of C.H.’s therapies and orthotics, which had been prohibited
by SCH were reinstated. This was after another expert assessment at Duke University in October 2021. DYCF
and CASA sought to prevent that expert assessment to preserve their false narrative.

1 and Dr. Nauert would have *control* over C.H.'s care until November 29, 2023. This was overtly
2 in exchange for reducing the criminal charges against Sophie from felonies to a single, non-
3 specific misdemeanor (dismissing the felony charges with prejudice). After the requirements of
4 that agreement were met, the misdemeanor charge was dropped, and Sophie regained medical
5 decision-making authority over C.H.'s care after November 29, 2023.
6

7 170. After the conclusion of the dependency action, C.H. was still prohibited from
8 using a cecostomy tube, though it was never removed. This caused C.H. great pain due to the
9 return of her constipation. It required the use of medications that has led to diarrhea, including
10 at school, causing accidents and humiliation, and an overall lack of social confidence. C.H.'s
11 suffering due to ongoing gastrointestinal issues has been persistent and debilitating, affecting all
12 aspects of C.H.'s life.
13

14 171. C.H. also continues to suffer from AHC and experiences dystonia, loses her
15 ability to speak at times, and has trouble chewing and swallowing at times. She experiences
16 weakness and reduced-awareness spells and continues to suffer from major cognitive issues. She
17 continues to have leg pain, which is sometimes substantial and continues to have fluctuations
18 and inconsistencies, changes in muscle tone, and hemiplegia episodes. She continues to have
19 dystonic tremors and other consequences due to the lengthy failure to treat her actual medical
20 condition – AHC.
21

22 172. C.H. has experienced great trauma, leading to mood shifts, deep sadness, and has
23 presented with anger, violence, and behavior dysregulation due to the separation, trauma, and
24 her untreated medical condition.
25

1 173. The actions of SCH, DYCF, and other Defendants have caused the Hartman
2 family enormous pain and suffering, including physical and emotional pain to C.H. and
3 emotional pain to M.H. and Sophie. They have experienced financial hardship to fund the
4 defense against the dependency action against DCYF's and SCH's use of their vast resources to
5 avoid admitting their own fault. The Hartman family also suffers from anxiety and constant fear,
6 and C.H. suffers from separation anxiety as a result of being removed from her mother and sister
7 suddenly and for so long.
8

9 174. Sophie has suffered from the acts of Defendants, and has been diagnosed with
10 significant Post Traumatic Stress Disorder, anxiety, and fears of interacting with medical
11 professionals. Sophie has paid an enormous price to see that C.H. receives the quality care that
12 she deserves as her family heals from the enormous intrusion and harm caused by the Defendants.
13

14 175. Sophie and her children also suffered from stress and harms resulting from the
15 extreme strain that Defendants' acts and omissions placed on their very connected extended
16 family. That strain has led to Sophie and her children experiencing feelings of humiliation, debt,
17 and sadness for the suffering and tragedy harming others so much.

18 176. The daughters' aunt, Samantha Farris, lived in Washington, apart from her
19 husband in Michigan, for 12 months to support Sophie and her nieces and work to undo the harm
20 and false accusations. Samantha's family was unable to provide care for a beloved foster child
21 whom they had nurtured, when he was placed back into the state system. Samantha suffered
22 diagnosed Post Traumatic Stress Disorder and was placed on medication. She was unable to
23 speak with Sophie without other witnesses present, because of additional false claims by Drs.
24 Wiester and Nauert that she was enabling Sophie's supposed contrivance of AHC symptoms and
25

1 diagnoses. Samantha's family depleted all of their savings to be present to support
 2 Plaintiffs. She was unable to be present in Michigan to support her husband when his beloved
 3 grandmother died, she had to drop out of her Ph.D. program, and she had to forego her career
 4 and earnings for a year. Her husband, Kyle, also missed significant work and had his ability to
 5 focus and perform in his career impaired.

6
 7 177. The daughters' grandparents Art and Anne Hartman lost their retirement savings
 8 due to having to lend the money to Sophie to defend her family and avoid incarceration. Art and
 9 Anne were unable to be with Art's father who lived in their Michigan home, when he was
 10 dying. Because Anne needed to be in Washington to prevent the daughters from being placed
 11 with strangers, she was unable to attend her beloved father-in-law's funeral. Their marriage and
 12 personal well-being and mental health were placed under great strain, requiring them to seek
 13 therapy and counseling to avoid being overtaken by it.

14
 15 **V. CAUSES OF ACTION - COUNT I:**
 16 **BATTERY (AGAINST SCH AND DRS. WIESTER, WAINWRIGHT, BREI,**
 17 **AMBARTSUMYAN, AND DICHEK, INDIVIDUALLY AND AS AGENTS OF SCH)**

18 178. C.H. restates, re-alleges, and incorporates by reference each of the allegations set
 19 forth in the preceding paragraphs as if fully set forth herein.

20 179. The aforementioned actions of SCH and the medical professionals at SCH,
 21 including Drs. Wiester, Wainwright, Brei, Ambartsumyan, and Dichek, constitute battery upon
 22 C.H.'s person.

23 180. C.H.'s 16-day forced hospitalization in isolation from her family was conducted
 24 as a "medical experiment" on C.H. to observe how she would respond as her existing medical
 25 therapies were titrated down or removed entirely. This 16-day hospitalization was intended by

1 Drs. Wiester, Wainwright, Brei, Ambartsumyan, and Dichek, had no medical justification, and
2 was without proper disclosure or consent by the patient or her mother.

3 181. Even when not physically invasive, the medical care that C.H. received during
4 this hospitalization entailed unwanted touching of C.H. For example, C.H. underwent
5 unnecessary occupational and physical therapy sessions, and clinical feeding and swallow
6 evaluations.

7 182. The forced hospitalization comprised a detention and physical constraint and
8 containment that was unwelcome and nonconsensual.

9 183. During this hospitalization, C.H.'s G-J-Tube was replaced with a G-Tube,
10 without consent. That experience was uncomfortable and distressing to C.H., especially given
11 the fact that she did not have her mother there to comfort her.

12 184. The medical care provided during this 16-day hospitalization was provided
13 without consent, and was harmful and offensive to C.H., as was the hospitalization in isolation
14 from her family by itself.

15 185. After the seizure and removal of C.H. and M.H., Sophie's medical decision-
16 making authority for C.H. was intact. Neither Sophie nor C.H. were ever given the opportunity
17 to provide consent (the latter would not have been able to provide effective consent, even if SCH
18 providers had attempted to elicit it from her), or even truthful disclosure, for any medical care
19 during C.H.'s 16-day forced hospitalization and separation from her family and through the
20 conclusion of the dependency action.

21 186. This is in stark contrast to the history of C.H.'s medical therapies at SCH up until
22 her seizure and removal, with the prior hospitalizations having been recommended and instituted
23 by SCH staff with consent having been provided on C.H.'s behalf by Sophie.

187. Pursuant to RCW 7.70.030, the injury to C.H. resulted from health care to which C.H. and Sophie did not consent, and resulted from the failure of a health care provider to follow the accepted standard of care, as well as battery *per se*.

188. Such conduct was extreme and outrageous and would be deemed highly offensive to a reasonable person.

189. At all relevant times hereto, Drs. Wiester, Wainwright, Brei, Ambartsumyan, and Dichek acted as agents of SCH, but also committed these harms acting as individuals.

190. As a proximate result of the battery committed upon C.H., as identified herein, C.H. seeks damages, including for bodily injury; physical suffering; physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty; and disgrace and injury to C.H.'s mental and emotional health; litigation expenses, including attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

VI. CAUSES OF ACTION – COUNT II:
42 U.S.C. § 1983 VIOLATION OF THE RIGHT TO BE FREE FROM JUDICIAL
DECEPTION – FOURTEENTH AMENDMENT
(AGAINST THE STATE OF WASHINGTON VIA THE DCYF, MS. OWENS, AND MS.
MAULDEN, INDIVIDUALLY AND AS AGENTS OF DCYF, CRPD, AND
DETECTIVE O'ROURKE, INDIVIDUALLY AND AS AN AGENT OF CRPD)

191. Plaintiffs C.H., M.H., and Sophie restate, re-allege, and incorporate by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

192. Courts have recognized a constitutional right under the Due Process Clause of the Fourteenth Amendment to be free from judicial deception and fabrication of evidence in the context of civil child custody cases.

193. Defendants Ms. Owens and Ms. Maulden and Detective O'Rourke removed C.H. and M.H. from Sophie's custody by misrepresentations and omissions.

1 194. M.H. was removed without any actual child abuse or proper basis to conceive a
2 risk of same, other than fabrications and misconduct. During Detective O'Rourke's
3 investigation, no actual evidence (other than readily discoverable falsehoods) was found of any
4 abuse, neglect, or mistreatment of M.H. by Sophie.

5 195. As to C.H., she was removed without any evidence of any actual child abuse or
6 imminent risk of harm. In fact, the referral to DCYF stated that any supposed risk of harm to
7 C.H., which was described in the referral as "profound" had "decreased" prior to the referral.

8 196. There was no imminent risk of harm, which was clear based on the fact that
9 Sophie's medical decision-making authority over M.H. had not been removed (and it was only
10 removed as to C.H. *during* the dependency action), even at the time of the removal of C.H. and
11 M.H. from her custody.

12 197. Detective O'Rourke's and Ms. Owens's and Ms. Maulden's statements that there
13 was an imminent risk of harm to C.H. and M.H. were false and misleading, and made with a
14 deliberate or reckless disregard for the truth in order to obtain a court order to remove both
15 children.

16 198. Detective O'Rourke later testified that there was no "emergency" at the time of
17 the removal of C.H. and M.H.

18 199. The false statements by Detective O'Rourke and Ms. Owens and Ms. Maulden
19 were material to the judicial decision to issue a court order to remove C.H. and M.H. from their
20 home.

21 200. At all relevant times hereto, Ms. Owens and Ms. Maulden acted as agents of
22 DCYF, but also committed these harms acting as an individual.

23 201. At all relevant times hereto, Detective O'Rourke acted as an agent of CRPD, but
24 also committed these harms acting as an individual.
25

202. Ms. Owens's and Ms. Maulden's and Detective O'Rourke's conduct also represents a violation 42 U.S.C. § 1983, given that their actions were undertaken under color of state law.

203. As a proximate result of the judicial deception, as identified herein, Plaintiffs seek damages, including for bodily injury; physical suffering; physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty; and disgrace and injury to Plaintiffs' mental and emotional health; litigation expenses, including attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

VII. CAUSES OF ACTION – COUNT III:
42 U.S.C. § 1983 VIOLATION OF THE RIGHT AGAINST UNLAWFUL SEARCHES
AND SEIZURES – FOURTH AMENDMENT (AGAINST THE STATE OF
WASHINGTON VIA THE DCYF, MS. OWENS AND MS. MAULDEN,
INDIVIDUALLY AND AS AGENTS OF DCYF, CRPD, AND DETECTIVE
O'ROURKE, INDIVIDUALLY AND AS AN AGENT OF CRPD)

204. C.H., M.H., and Sophie restate, re-allege, and incorporate by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

205. A "seizure" occurs when an officer, by physical force or by show of authority, restrains an individual's freedom of movement or when the circumstances surrounding the encounter demonstrate that a reasonable person would not feel free to disregard the officer and go about his or her business.

206. A seizure without probable cause is *per se* violative of the Fourth Amendment, which is incorporated against each of the States under the Fourteenth Amendment to the United States Constitution.

207. At the time when C.H. was detained and seized, she had a clearly-established constitutional right under the Fourth and Fourteenth Amendments to the United States

1 Constitution to be secure in her person from unreasonable seizure or detention without probable
2 cause.

3 208. Any reasonable law enforcement officer knew or should have known of this
4 clearly-established right.

5 209. Detective O'Rourke and Ms. Owens and Ms. Maulden were without lawful
6 authority or probable cause to seize C.H. or M.H.. C.H. and M.H. were nevertheless subjected
7 to seizure, with a threat that force, due to the presence of police without prior notice in the early
8 morning at their home, would be used if they did not comply with the command of this apparent
9 authority.

10 210. Moreover, the search of Sophie's home was unlawful because the Fourth
11 Amendment requires search warrants to state with reasonable particularity what items are being
12 targeted for search or, alternatively, what criminal activity is suspected of having been
13 perpetrated. It described the alleged assault (using false and misleading statements and
14 omissions), but did not describe with particularity what would be found at the Hartman's home.

15 211. The warrant for the search of Sophie's home violated the Fourth Amendment
16 because it did not describe with particularity the items to be seized or the criminal activity
17 suspected of having been perpetrated.

18 212. The conduct by Ms. Owens and Ms. Maulden and Detective O'Rourke was
19 motivated by ill-will, improper motivation, and actual malice.

20 213. At all relevant times hereto, Ms. Owens and Ms. Maulden acted as agents of
21 DCYF, but also committed these harms acting as an individual.

22 214. At all relevant times hereto, Detective O'Rourke acted as an agent of CRPD, but
23 also committed these harms acting as an individual.
24
25

1 215. Ms. Owens's and Ms. Maulden's and Detective O'Rourke's conduct also
2 represents a violation 42 U.S.C. § 1983, given that their actions were undertaken under color of
3 state law.

4 216. As a proximate result of the violation of Plaintiffs' Fourth Amendment rights, as
5 identified herein, Plaintiffs seek damages, including for bodily injury; physical suffering;
6 physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering
7 and emotional distress from embarrassment, humiliation, and intimidation; deprivation of
8 liberty; and disgrace and injury to Plaintiffs' mental and emotional health; litigation expenses,
9 including attorneys' fees and costs to defend the family and Sophie's freedom; and other
10 compensatory damages, in an amount to be determined at trial.

11 **VIII. CAUSES OF ACTION – COUNT IV:**
12 **42 U.S.C. § 1983 VIOLATION OF THE RIGHT AGAINST FALSE IMPRISONMENT**
13 **(AGAINST THE STATE OF WASHINGTON VIA THE DCYF, SCH, AND MS.**
 OWENS AND MS. MAULDEN, INDIVIDUALLY AND AS AGENTS OF DCYF)

14 217. C.H. and M.H. restates, re-alleges, and incorporates by reference each of the
15 allegations set forth in the preceding paragraphs as if fully set forth herein.

16 218. A person has a right to be free from unlawful detainment.

17 219. C.H. was kept in isolation separated from her family in a hospital for 16
18 consecutive days.

19 220. SCH, the State of Washington through the DCYF, and Ms. Owens and Ms.
20 Maulden were without lawful authority or probable cause to detain C.H. C.H. was, nevertheless,
21 subjected to detention, with a threat that force would be used if she did not comply with the
22 commands of apparent legal and institutional authority, when formal authority did not exist.

23 221. No family visits were allowed during the 16-day hospitalization, presumably to
24 provide sufficient time for the medical experimentation on C.H. The "forensic evaluation" was
25 a subterfuge to maintain the isolation of C.H. from her family for almost the entire duration of

1 the forced hospitalization as no meaningful evidence regarding the actual medical condition,
2 AHC diagnosis, or the supposed child abuse could be gleaned during this in-hospital interview
3 with C.H.

4 222. Even when C.H., on numerous occasions, asked to leave, she was not permitted
5 to leave the hospital.

6 223. A reasonable person would believe that if a state actor has the apparent authority
7 to effect the seizure and removal of a child and her sibling from their home, hospitalize a child
8 and deny family visitation, it implies that force may be used to enforce the denial as well as the
9 16-day isolation.

10 224. M.H. was kept from her mother and sister without visitation for 17 days following
11 the removal.

12 225. For 6 of those 17 days, M.H. was placed in foster care with strangers, while her
13 relatives were present and available. During those 6 days, she was not only kept from her mother
14 and sister, but also from her grandmother and aunt, in total isolation from her family. This was
15 despite Sophie having parental decision-making authority, which Defendants for this cause of
16 action disregarded and trampled.

17 226. A reasonable person would believe that if a state actor has the apparent authority
18 to effect the seizure and removal of a child and her sibling from their home, it implies that force
19 may be used to enforce the denial as well as the isolation and placement in foster care.

20 227. The conduct attributed to SCH, the State of Washington through the DCYF, and
21 Ms. Owens was motivated by ill-will, improper motivation, and actual malice.

22 228. At all relevant times hereto, Ms. Owens and Ms. Maulden acted as agents of
23 DCYF, but also committed these harms acting as an individual.

24 229. Ms. Owens's and Ms. Maulden's conduct also represents a violation 42 U.S.C. §
25 1983, given that her actions were undertaken under color of state law.

230. As a proximate result of the false imprisonment of C.H. and M.H., as identified herein, C.H. and M.H. seek damages, including for bodily injury; physical suffering; physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty; and disgrace and injury to C.H.'s mental and emotional health; litigation expenses, including attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

**IX. CAUSES OF ACTION – COUNT V:
VIOLATION OF THE RIGHT TO PRIVACY
(AGAINST SCH AND DR. WIESTER, AND JOHN AND JANE DOES,
INDIVIDUALLY AND AS AGENTS OF SCH)**

231. C.H. restates, re-alleges, and incorporates by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

232. It is recognized in the State of Washington that there is a privacy right for a patient to access their own medical record.

233. The Fourth Amendment, made applicable to the State of Washington by the Fourteenth Amendment, has been referred to as creating a "right to privacy." *See Griswold v. Connecticut*, 381 U.S. 479, 484 (1965).

234. Pursuant to the State of Washington's Uniform Health Care Information Act (UHCIA), RCW 70.02, *et seq.*, a patient has a right to their own medical care information.

235. The Health Insurance Portability and Accountability Act (HIPAA) also provides that patients have a "fundamental right to timely access to their medical records."

236. In C.H.'s case, SCH's SCAN team utilized a system to maintain a parallel "ghost" medical record separate from C.H.'s legitimate medical record, in which falsehoods were published, and upon which meddlesome interference and improper medical decisions were made.

1 237. That “ghost” medical record included false and misleading information about
2 Sophie and C.H.’s care, which was used to set up Sophie based on Dr. Wiester’s suspicion of
3 medical child abuse. That information was published to other doctors and staff of SCH and
4 caused a harmful interference with C.H.’s actual medical care.

5 238. That information was not provided to C.H. or Sophie, even upon requests for her
6 medical records, and C.H. and Sophie could not have known of their existence.

7 239. The information, part of the family’s medical records, was concealed from the
8 Duke University AHC experts, who may have been able to prevent the highly misconceived
9 actions and omissions of SCH and its agents, and the resulting harm.

10 240. Even in response to a subpoena, SCH denied the existence of these records, until
11 forced to admit the truth. SCH knew that the medical records belonged to the family, and
12 attempted to hide its improper records, which nevertheless belonged (and belong) to the family.

13 241. Only under extensive pressure did SCH’s attorney note in an email to Dr. Wiester:
14 “Well, we anticipated this might happen. We do have an obligation to produce the requested
15 emails, calendar entries that are relevant, and any notes from any meetings that exist.” By design,
16 the system was planned to be secret and unknown to the actual owner and exclusive beneficiary
17 of the medical records.

18 242. At all relevant times hereto, Dr. Wiester and other John and Jane Does acted as
19 agents of SCH, but also committed these harms acting as individuals.

20 243. As a proximate result of the violation of C.H.’s right to privacy, as identified
21 herein, C.H. seeks damages, including for consequent battery, negligence, unawareness of
22 subversion and other misconduct and inability to protect against various Defendants’ misconduct
23 and harm; bodily injury; physical suffering; physical inconvenience and discomfort; feelings of
24 helplessness; mental agony; mental suffering and emotional distress from embarrassment,
25 humiliation, and intimidation; deprivation of liberty; and disgrace and injury to C.H.’s mental

1 and emotional health; litigation expenses, including attorneys' fees and costs to defend the family
 2 and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

3 **X. CAUSES OF ACTION – COUNT VI:**
 4 **NEGLIGENT REPORTING OF MEDICAL CHILD ABUSE (AGAINST SCH AND**
 5 **DRS. WIESTER, WAINWRIGHT, BREI, AMBARTSUMYAN, AND NURSE CHASE,**
 6 **AND JOHN AND JANE DOES, INDIVIDUALLY AND AS AGENTS OF SCH)**

7 244. C.H., M.H., and Sophie restate, re-allege, and incorporate by reference each of
 8 the allegations set forth in the preceding paragraphs as if fully set forth herein.

9 245. A report of suspected child abuse must be made "at the first opportunity, but in
 10 no case longer than forty-eight hours after there is reasonable cause to believe that the child has
 11 suffered abuse or neglect." RCW 26.44.030.

12 246. A report of child abuse or neglect must be made in good faith.

13 247. Dr. Wiester claims to have in good faith suspected child abuse on or before May
 14 27, 2019, when she composed a draft report to DCYF, much of which remained in the final letter
 15 that she sent to DCYF 21 months later, on February 18, 2021. That suspicion was baseless, other
 16 than an evidence-free hunch, that she did not even pretend to have a factual basis for almost two
 17 years of improper conduct.

18 248. The actual report of medical child abuse by Dr. Wiester, and endorsed by Drs.
 19 Wainwright, Brei, Ambartsumyan, and Nurse Chase made almost two years later on February
 20 18, 2021, with a series of false and misleading statements, was not made in good faith. Numerous
 21 doctors at SCH, including Dr. Mingbunjersuk, informed Dr. Wiester that there was insufficient
 22 evidence of medical child abuse. After voicing the concern that DCYF should not be involved,
 23 Dr. Mingbunjersuk was replaced on C.H.'s care team by Dr. Wainwright. Dr. Wainwright also
 24 indicated that the SCAN allegation of medical child abuse was not "clear at all."

25 249. At the time that Dr. Wiester and Drs. Wainwright, Brei, Ambartsumyan, and
 Nurse Chase reported Sophie to DCYF, there was no truthful evidence of abuse, and Sophie, as

1 she had at all times, was complying with all SCH medical recommendations. C.H.'s medical
 2 condition at the time was improving, and there was no abuse, assault, or immediate risk of harm
 3 to C.H., as Dr. Wiester herself acknowledged in her letter "...the risk to C.H. has decreased with
 4 improved medical team collaboration..."

5 250. The judge in the dependency action ultimately found, after 49 days of trial, that
 6 SCAN's process was "deeply flawed," after Dr. Wiester's misleading representations were
 7 revealed for what they were in a hugely harmful and costly debunking process.

8 251. At all relevant times hereto, Drs. Wiester, Wainwright, Brei, Ambartsumyan, and
 9 Nurse Chase acted as agents of SCH, but also committed these harms acting as individuals. On
 10 information and belief, other persons, John and Jane Does, contributed to the tortious conduct
 11 herein, and Plaintiffs reserve the right to amend to add such individuals.

12 252. As a proximate result of the negligent report of medical child abuse, as identified
 13 herein, Plaintiffs seek damages, including for bodily injury; physical suffering; physical
 14 inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and
 15 emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty;
 16 and disgrace and injury to Plaintiffs' mental and emotional health; litigation expenses, including
 17 attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory
 18 damages, in an amount to be determined at trial.

19 **XI. CAUSES OF ACTION – COUNT VII:**
 20 **NEGLIGENT INVESTIGATION OF MEDICAL CHILD ABUSE (AGAINST THE**
 21 **STATE OF WASHINGTON VIA THE DCYF, SCH, MS. OWENS AND MS.**
MAULDEN, INDIVIDUALLY AND AS AGENTS OF DCYF, CRPD, AND
DETECTIVE O'ROURKE, INDIVIDUALLY AND AS AN AGENT OF CRPD)

22 253. C.H., M.H., and Sophie restate, re-allege, and incorporate by reference each of
 23 the allegations set forth in the preceding paragraphs as if fully set forth herein.

24 254. Pursuant to RCW 26.44.050, "[u]pon the receipt of a report concerning the
 25 possible occurrence of abuse or neglect, it shall be the duty of the law enforcement agency or the

1 department of social and health services to investigate and provide the protective services section
2 with a report in accordance with the provision of chapter 74.13 RCW, and where necessary to
3 refer such report to the court.”

4 255. Detective O’Rourke’s and Ms. Owens’s and Ms. Maulden’s lack of diligence and
5 failure to meet their duty resulted in ignoring the truth and gathering incomplete or biased
6 information.

7 256. Ms. Owens and Ms. Maulden prepared the dependency petition relying solely on
8 the report from Dr. Wiester to DCYF and information provided by law enforcement, which in
9 turn also lacked any meaningful original source or inquiry, and just parroted what SCH and Dr.
10 Wiester reported.

11 257. Ms. Owens testified that she believed the dependency petition allegations to be
12 true based on her *assumption* that what Dr. Wiester reported was accurate and her *assumption*
13 that what law enforcement told her was correct. She did not engage in any investigation to
14 determine if those allegations were actually true despite having access to the medical records
15 that revealed that many of the claims in Dr. Wiester’s letter were demonstrably false.

16 258. Detective O’Rourke also simply *assumed* that the report by Dr. Wiester to DCYF
17 to be true, as is evidenced by her copying and pasting of it into the affidavit seeking a warrant
18 for a search of Sophie’s home.

19 259. There was no assault, child abuse, or imminent threat to either C.H. or M.H. and
20 therefore no need to take either into immediate protective custody. As to C.H., the allegation of
21 child abuse was false and misleading. As to M.H., there was no accusation of medical child
22 abuse or other abuse, and therefore no need to remove her from her mother’s custody.

23 260. Ms. Owens’s and Ms. Maulden’s and Detective O’Rourke’s investigations failed
24 to use ordinary care and were negligent.

261. At all relevant times hereto, Ms. Owens and Ms. Maulden acted as agents of DCYF, but also committed these harms acting as an individual.

262. At all relevant times hereto, Detective O'Rourke acted as an agent of CRPD, but also committed these harms acting as an individual.

263. As a proximate result of the negligent investigation, as identified herein, Plaintiffs seek damages, including for bodily injury; physical suffering; physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty; and disgrace and injury to Plaintiffs' mental and emotional health; litigation expenses, including attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

**XII. CAUSE OF ACTION – COUNT VIII:
NEGLIGENT PLACEMENT (AGAINST THE STATE OF WASHINGTON VIA THE
DCYF AND MS. OWENS, MS. MAULDEN, INDIVIDUALLY AND AS AGENTS OF
DCYF, CASA, AND MS. WHALEN, INDIVIDUALLY AND AS AN AGENT OF CASA)**

264. C.H. and M.H. restate, re-allege, and incorporate by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

265. Pursuant to RCW 13.34.060, when a child is removed from her parent's custody, there is a requirement that the child be placed with a relative or other suitable person requested by the parent, unless there is "reasonable cause to believe that the health, safety, or welfare of the child would be jeopardized or that the efforts to reunite the parent and child will be hindered."

266. DCYF and Ms. Owens and Ms. Maulden, and CASA and Ms. Whalen, failed in their duty to place C.H. and M.H. with relatives or other suitable persons as requested by Sophie.

267. DCYF and Ms. Owens and Ms. Maulden, and CASA and Ms. Whalen, could have placed C.H. and M.H. with their grandmother, Anne Hartman, who flew in the day that they were removed and could have cared for them that night. Or C.H. and M.H. could have been

1 placed with Samantha Farris, their aunt who flew in from Michigan the next morning after their
2 seizure and removal. Ms. Farris is a social worker and certified trauma specialist as well as a
3 foster parent in Michigan, so she would have been an extremely qualified and experienced family
4 member for the placement of her two nieces.

5 268. Instead, DYCF, Ms. Owens, Ms. Maulden, and CASA and Ms. Whalen
6 disallowed C.H. and M.H. to stay together or even see each other. They were disallowed to
7 communicate at all for a period of time after their removal from Sophie's custody, and M.H. was
8 placed in a foster home with strangers.

9 269. Additionally, Ms. Owens, Ms. Maulden, and Ms. Whalen subsequently also
10 denied Ms. Farris's and Anne Hartman's repeated requests for permission to see or communicate
11 with C.H. during her 16-day forced hospitalization.

12 270. Ms. Owens, Ms. Maulden, Ms. Whalen, CASA and DCYF failed to use ordinary
13 care in the placement of C.H. and M.H. and were negligent.

14 271. At all relevant times hereto, Ms. Owens and Ms. Maulden acted as agents of
15 DCYF, but also committed these harms acting as individuals.

16 272. At all relevant times hereto, Ms. Whalen acted as an agent of CASA, but also
17 committed these harms acting as an individual.

18 273. As a proximate result of the negligent placement, as identified herein, C.H. and
19 M.H. seek damages, including for bodily injury; physical suffering; physical inconvenience and
20 discomfort; feelings of helplessness; mental agony; mental suffering and emotional distress from
21 embarrassment, humiliation, and intimidation; deprivation of liberty; and disgrace and injury to
22 Plaintiffs' mental and emotional health; litigation expenses, including attorneys' fees and costs
23 to defend the family and Sophie's freedom; and other compensatory damages, in an amount to
24 be determined at trial.

CAUSES OF ACTION – COUNT IX:
INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS (AGAINST ALL
DEFENDANTS)

274. C.H., M.H., and Sophie restate, re-allege, and incorporate by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

275. Defendants’ removal of C.H. and M.H. and forced 16-day hospitalization of C.H. without consent and in isolation from her family, refusal of contact between Sophie and C.H., negligent placement of M.H. in foster care, negligent reporting of medical child abuse, and other actions and omissions, including engaging in giving C.H. medical treatment without consent, were intentional acts that caused C.H., M.H., and Sophie severe emotional distress.

276. The emotional distress caused is within the scope of foreseeable harm due to the intentional conduct by Defendants. As one court noted, “[w]resting a child from even inadequate parents causes detrimental, long-term, and complex emotional and psychological consequences worse than leaving the child at home.” *In re Dependency of L.C.S.*, 200 Wn.2d 91, 106, 514 P.3d 644 (2022).

277. Since C.H. was removed from her home, the Hartmans have observed the emotional impact on her, such as worsening AHC symptoms and behavioral regression, including more aggressive behavior.

278. M.H. has also shown signs of emotional distress, including despair, deep sadness, and behavior regression. M.H. had her life frozen during an otherwise loving and healthy childhood, suffering great distraction impeding her education, a halt to her promising competitive gymnastics endeavor, and constant fear and upset.

279. Given their age and considering the trauma of being forcibly removed from their home early in the morning with a police presence and with no prior notice and then not being able to visit each other or other members of their family, C.H. and M.H. reacted reasonably. As to Sophie, given that her children were removed from her custody without any prior notice, she

1 has been diagnosed with suffering from significant Post Traumatic Stress Disorder, anxiety, and
 2 fears of interacting with medical professionals, which is reasonable given the circumstances.

3 280. With respect to this claim, all individual Defendants acted individually and also
 4 as agents for their respective corporate entities.

5 281. As a proximate result of the intentional infliction of emotional distress, as
 6 identified herein, Plaintiffs seek damages, including for bodily injury; physical suffering;
 7 physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering
 8 and emotional distress from embarrassment, humiliation, and intimidation; deprivation of
 9 liberty; and disgrace and injury to Plaintiffs' mental and emotional health; litigation expenses,
 10 including attorneys' fees and costs to defend the family and Sophie's freedom; and other
 11 compensatory damages, in an amount to be determined at trial.

12 **CAUSES OF ACTION – COUNT X:**
 13 **NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS (AGAINST ALL**
 14 **DEFENDANTS)**

15 282. C.H., M.H., and Sophie restate, re-allege, and incorporate by reference each of
 16 the allegations set forth in the preceding paragraphs as if fully set forth herein.

17 283. Defendants acted negligently before and during the removal of C.H. and M.H.
 18 and forced 16-day hospitalization of C.H. without consent and in isolation from her family,
 19 refusal of contact between Sophie and C.H., placement of M.H. in foster care, reporting of
 20 medical child abuse, and other actions and omissions, including engaging in giving C.H. medical
 21 treatment without consent, which caused C.H., M.H., and Sophie severe emotional distress.

22 284. The emotional distress caused is within the scope of foreseeable harm due to the
 23 negligent conduct by Defendants. As one court noted, “[w]resting a child from even inadequate
 24 parents causes detrimental, long-term, and complex emotional and psychological consequences
 25 worse than leaving the child at home.” *In re Dependency of L.C.S.*, 200 Wn.2d 91, 106, 514
 P.3d 644 (2022).

1 285. Since C.H. was removed from her home, the Hartmans have observed the
2 emotional impact on her, such as worsening AHC symptoms and behavioral regression,
3 including more aggressive behavior.

4 286. M.H. has also shown signs of emotional distress, including despair, deep sadness,
5 and behavior regression. M.H. had her life frozen during an otherwise loving and healthy
6 childhood, suffering great distraction that impeded her education, halted her promising
7 competitive gymnastics pursuit, and caused her constant fear and upset.

8 287. Given their age and considering the trauma of being forcibly removed from their
9 home early in the morning with a police presence and with no prior notice and then not being
10 able to visit each other or other members of their family, C.H. and M.H. reacted reasonably. As
11 to Sophie, given that her children were removed from her custody without any prior notice, she
12 has been diagnosed with suffering from significant Post Traumatic Stress Disorder, anxiety, and
13 fears of interacting with medical professionals, which is reasonable given the circumstances.

14 288. With respect to this claim, all individual Defendants acted individually and also
15 as agents for their respective corporate entities.

16 289. As a proximate result of the negligent infliction of emotional distress, as identified
17 herein, Plaintiffs seek damages, including for bodily injury; physical suffering; physical
18 inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and
19 emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty;
20 and disgrace and injury to Plaintiffs' mental and emotional health, litigation expenses, including
21 attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory
22 damages, in an amount to be determined at trial.

CAUSES OF ACTION – COUNT XI:
MEDICAL MALPRACTICE (AGAINST SCH AND DRs. WIESTER, WAINWRIGHT,
BREI, AMBARTSUMYAN, DICHEK, AND NAUERT, INDIVIDUALLY AND AS
AGENTS OF SCH)

290. C.H., M.H., and Sophie restate, re-allege, and incorporate by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

291. SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, Dichek, and Nauert had a duty to care for C.H. consistent with the accepted standard of care pursuant to RCW 7.70.030(1).

292. SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, Dichek, and Nauert breached this duty, and were negligent, when they ignored C.H.'s medical symptoms, ignored medical records, failed to diagnose C.H.'s AHC, disregarded the expert diagnosis of AHC, and then refused to treat C.H. for AHC. For example, Dr. Wiester directed Dr. Mingbunjerdsuk *not* to prescribe medications for AHC.

293. Further, Dr. Wiester committed malpractice by creating C.H.'s care plan despite not being a gastrointestinal specialist, not being C.H.'s care provider, not evaluating C.H., and not speaking to Dr. Ambartsumyan, C.H.'s gastrointestinal physician. Dr. Ambartsumyan committed malpractice by agreeing to Dr. Wiester's plan to increase oral feeds, and at the same time failing to request that Sophie increase oral feeds to cease using the G-Tube, among other improper disregards of informed-consent based care decided by the family.

294. SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, Dichek, and Nauert committed malpractice by engaging in enormous and inappropriate medical interventions during C.H.'s 16-day hospital stay without informed consent, including informed consent of Sophie who had legal medical decision-making control over C.H.'s care, in the absence of any emergency, among other improper disregards of expert medical opinion, expert diagnoses, family care decisions, and procedures based on lack of informed consent.

1 295. The overall SCAN involvement and interference with the family was “deeply
2 flawed” and negligent. There was never any need nor any informed consent, and the specific
3 and systemic forcing of the family to submit to involuntary “medical care” was malpractice.

4 296. The 16-day hospitalization, ostensibly so that C.H. could be observed when
5 separated from her family, was an improper medical experiment driven by Dr. Wiester and others
6 on the SCAN team and their collaborators and was based on improper motives, had no legitimate
7 medical reason, lacked informed consent, and constituted medical malpractice outside the
8 accepted standard of care.

9 297. Dr. Wainwright also committed medical malpractice by changing his diagnosis
10 of C.H.’s medical condition from AHC to static encephalopathy without consulting with Dr.
11 Mikati, and based on the supposed direction of someone with no formal medical training,
12 experience, or license – Detective O’Rourke, – whom the family never gave authority to make
13 medical decisions.

14 298. SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, Dichek, and Nauert
15 further committed malpractice by failing to coordinate with C.H.’s care providers at Duke
16 University, including Dr. Mikati, an expert in AHC, and by failing to coordinate with C.H.’s
17 PCP or therapy providers. Dr. Nauert also denied C.H. medical care including therapies and
18 orthotics that C.H. had been prescribed that helped her, including with the ability to walk.

19 299. As a direct and proximate result of the breaches, failures, and negligence of
20 Defendants, as described above and in other respects as well, C.H. has received inadequate
21 medical care, received improper medical care, and was removed, without basis, from her family
22 for 492 days.

23 300. At all relevant times hereto, Drs. Brei, Wiester, Wainright, Ambartsumyan,
24 Dichek, and Nauert acted as agents of SCH, but also committed these harms acting as individuals.

301. As a proximate result of the medical malpractice, as identified herein, C.H. seeks damages, including for bodily injury; physical suffering; physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty; and disgrace and injury to Plaintiffs' mental and emotional health; litigation expenses, including attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

CAUSES OF ACTION – COUNT XII:
NEGLIGENT SUPERVISION AND RATIFICATION (AGAINST SCH)

302. C.H. restates, re-alleges, and incorporates by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

303. SCH medical professionals, including Dr. Wiester and other individuals, John and Jane Does until specific details unavailable to Plaintiffs are visible, committed tortious acts as averred in the paragraphs incorporated above.

304. These actions caused the removal of C.H. and M.H. from their mother's custody, without probable cause, and caused emotional distress and physical harm to C.H. during a forced 16-day hospitalization and during the 492 days during which C.H. was separated from her mother and sister.

305. SCH had a duty to provide physicians and staff that could provide a competent, appropriate assessment and treatment plan for C.H. and the Hartman family.

306. SCH had a further duty to supervise C.H.'s treatment and ensure that her care was properly coordinated by the doctors and healthcare providers involved.

307. SCH had a duty to protect private patient records, abide parental medical decision-making, abide the system of informed consent, and not impose medical decisions or

1 take control of family medical decisions, among other systemic errors, or allow its employees
2 and agents to do the same.

3 308. SCH breached these duties by failing to supervise its employees and therefore
4 ratified the SCH's doctors' tortious conduct. It established an internal agency, the SCAN team,
5 that violated informed consent, medical records privacy and integrity, interfered with proper
6 medical care, presumed to make medical decisions instead of the family, and committed
7 extensive misconduct to the detriment of its patients, secretly, without ever meeting the patient
8 and unlawfully. In not taking corrective action to ensure that C.H. and her family received
9 competent, appropriate treatment and care, SCH ratified the inconsistent and improper actions
10 of its involved doctors and healthcare providers.

11 309. SCH failed to put in place adequate policies and procedures to train its physicians,
12 healthcare providers, and other employees or agents so that they could properly assess C.H.'s
13 AHC, coordinate C.H.'s care, resist the SCAN team's misconduct, or appropriately interact with
14 the Hartman family. To the extent that SCH had any policies or procedures in place to prevent
15 these lapses, SCH failed to ensure that its employees and agents complied with its policies and
16 procedures, thus allowing for erroneous, unprofessional, and arbitrary treatment of C.H. and her
17 family by the doctors and staff involved.

18 310. The above-described failures of SCH to properly train and supervise its
19 physicians, other healthcare providers, and employees and agents involved in C.H.'s "care,"
20 coupled with SCH's ratification of these acts and omissions, proximately caused damage to the
21 Plaintiffs.

22 311. As a proximate result of the negligent supervision and ratification, as identified
23 herein, C.H. seeks damages, including for bodily injury; physical suffering; physical
24 inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering, and
25 emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty;

1 and disgrace and injury to C.H.'s mental and emotional health; litigation expenses, including
 2 attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory
 3 damages, in an amount to be determined at trial.

4 **CAUSE OF ACTION – COUNT XIII:**
 5 **42 U.S.C. § 1983 DEPRIVATION OF SOPHIE'S CONSTITUTIONAL RIGHTS**
 6 **(AGAINST THE STATE OF WASHINGTON VIA THE DCYF)**

7 312. Sophie restates, re-alleges, and incorporates by reference each of the allegations
 8 set forth in the preceding paragraphs as if fully set forth herein.

9 313. This claim is brought pursuant to 42 U.S.C. § 1983.

10 314. The "interest of parents in the care, custody, and control of their children is
 11 perhaps the oldest of the fundamental liberty interests" recognized by the Supreme Court of the
 12 United States. *Troxel v. Granville*, 530 U.S. 57, 65, 120 S. Ct. 2054 (2000).

13 315. Sophie, as the mother of C.H. and M.H., has a fundamental liberty interest in the
 14 care, custody, and management of her children.

15 316. Sophie's liberty interest was violated when the State of Washington, via its
 16 agency, the DCYF, improperly removed her children.

17 317. Sophie's liberty interest was violated when the State permitted the unlawful
 18 hospitalization of C.H. in isolation for 16 days.

19 318. Sophie's liberty interest was further violated when the State improperly denied
 20 her visitation with her children, including C.H., during her forced hospitalization.

21 319. As a result of the State of Washington's violations of Ms. Hartman's rights,
 22 Sophie seeks damages, including for physical suffering; physical inconvenience and discomfort;
 23 feelings of helplessness; mental agony; mental suffering and emotional distress from
 24 embarrassment, humiliation, and intimidation; and disgrace and injury to Sophie's mental and
 25 emotional health; litigation expenses, including attorneys' fees and costs; and other
 compensatory damages, in an amount to be determined at trial.

CAUSE OF ACTION – COUNT XIV:
42 U.S.C. § 1983 DEPRIVATION OF C.H.’S AND M.H.’S CONSTITUTIONAL
RIGHTS (AGAINST THE STATE OF WASHINGTON VIA THE DCYF)

320. C.H. and M.H. restate, re-allege, and incorporate by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

321. This claim is brought pursuant to 42 U.S.C. § 1983.

322. Children “have a substantive due process right to be free from unreasonable risk of harm, including a risk flowing from the lack of basic services, and a right to reasonable safety.” *Braam v. State of Washington*, 150 Wn. 2d 689, 699-700, 81 P.3d 851 (2003).

323. C.H. and M.H. have a fundamental liberty interest in living with their mother and not being abused by agents of the State.

324. C.H.’s and M.H.’s fundamental liberty interest was infringed by their improper removal by the State from their mother.

325. As a result of the State of Washington’s violations of C.H.’s and M.H.’s rights, C.H. and M.H. seek damages, including for bodily injury; physical suffering; physical inconvenience and discomfort; feelings of helplessness; mental agony; mental suffering and emotional distress from embarrassment, humiliation, and intimidation; deprivation of liberty; and disgrace and injury to C.H.’s and M.H.’s mental and emotional health; litigation expenses, including attorneys’ fees and costs to defend the family and Sophie’s freedom; and other compensatory damages, in an amount to be determined at trial.

CAUSE OF ACTION – COUNT XV:
DEFAMATION (AGAINST THE STATE OF WASHINGTON VIA THE DCYF, MS.
OWENS AND MS. MAULDEN, INDIVIDUALLY AND AS AGENTS OF DCYF, CASA,
MS. WHALEN, INDIVIDUALLY AND AS AN AGENT OF CASA, CRPD, AND
DETECTIVE O’ROURKE, INDIVIDUALLY AND AS AN AGENT OF CRPD)

326. Sophie restates, re-alleges, and incorporates by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

1 327. The State of Washington, CRPD, Ms. Owens, Ms. Maulden, CASA, Ms. Whalen,
2 and Detective O'Rourke made a series of false claims about Sophie, including false claims that
3 she is a child abuser, abused or neglected her daughter, C.H., and was an unfit mother.

4 328. The State of Washington's, CRPD's, Ms. Owens's, Ms. Maulden's, CASA's, Ms.
5 Whalen's, and Detective O'Rourke's statements were and are demonstrably false. The claims
6 are demonstrably false without reference to specific factual matters and unsupported by
7 evidence, including C.H.'s medical records.

8 329. The State of Washington, CRPD, Ms. Owens, Ms. Maulden, CASA, Ms. Whalen,
9 and Detective O'Rourke made or published these statements with knowledge of their falsity or,
10 at the very least, with reckless disregard for their falsity.

11 330. The State of Washington, CRPD, Ms. Owens, Ms. Maulden, CASA, Ms. Whalen,
12 and Detective O'Rourke made and published these statements without privilege or justification.

13 331. To the extent that the State of Washington, CRPD, Ms. Owens, and Detective
14 O'Rourke may argue that the statements are opinions, the State of Washington, CRPD, Ms.
15 Owens, and Detective O'Rourke failed to disclose any factual support for its statements.

16 332. At all relevant times hereto, Ms. Owens and Ms. Maulden acted as agents of
17 DCYF, but also committed these harms acting as individuals.

18 333. At all relevant times hereto, Ms. Whalen acted as an agent of CASA, but also
19 committed these harms acting as an individual.

20 334. At all relevant times hereto, Detective O'Rourke acted as an agent of CRPD, but
21 also committed these harms acting as an individual.

22 335. These statements have damaged Sophie by causing reputational harm, including
23 in her career as a writer, humiliation, embarrassment, inconvenience, mental and emotional
24 anguish and distress, and medical harm associated therewith; litigation expenses, including
25

attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

CAUSE OF ACTION – COUNT XVI:
DEFAMATION (AGAINST SCH AND DRs. WIESTER, WAINWRIGHT, BREI,
AMBARTSUMYAN, NURSE CHASE, AND JOHN AND JANE DOES,
INDIVIDUALLY AND AS AGENTS OF SCH)

336. Sophie restates, re-alleges, and incorporates by reference each of the allegations set forth in the preceding paragraphs as if fully set forth herein.

337. SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase made a series of false claims about Sophie, including false claims that she is a child abuser, abused and neglected her daughter, C.H., and was an unfit mother.

338. These statements have been made in the "ghost" medical file used by the SCAN team that was segregated from C.H.'s medical record and hidden from the Hartmans, which was published to other physicians and staff at SCH, and elsewhere.

339. These statements have also been made in the false and misleading report to DCYF, which report was made with actual malice, as described in paragraphs 139 and 140. That report was endorsed by Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase, and its content was foreseeably publicized in court proceedings and media reporting.

340. It was through the publication by Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase of the false allegations of Sophie that led to the dependency action, criminal charges, and media frenzy about Sophie, which reiterated the false claims that she had made up C.H.'s symptoms and was a child abuser. Sophie's reputation was maligned by this media frenzy. Their publication of these false statements also led to death threats against Sophie.

341. SCH's and Drs. Brei's, Wiester's, Wainright's, Ambartsumyan's and Nurse Chase's statements were and are demonstrably false. The claims were demonstrably false or

misleading by omission of C.H.'s medical records or unsupported by the evidence known to these individuals altogether.

342. SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase made or published these statements with knowledge of their falsity or, at the very least, with reckless disregard for their falsity.

343. SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase made and published these statements without privilege or justification.

344. To the extent that SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase may argue that the statements are opinions, SCH and Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase failed to disclose the factual support for their statements.

345. At all relevant times hereto, Drs. Brei, Wiester, Wainright, Ambartsumyan, and Nurse Chase acted as agents of SCH, but also committed these harms acting as individuals. On information and belief, other persons, John and Jane Does, contributed to the tortious conduct herein, and Plaintiffs reserve the right to amend to add such individuals.

346. These statements have damaged Sophie by causing reputational harm, including in her career as a writer, humiliation, embarrassment, inconvenience, mental and emotional anguish and distress, and medical harm associated therewith; litigation expenses, including attorneys' fees and costs to defend the family and Sophie's freedom; and other compensatory damages, in an amount to be determined at trial.

XIII. JURY DEMAND

Plaintiffs demand a jury trial on all claims so triable.

XIV. PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray that the Court grant them the following relief:

A. Compensatory, consequential, exemplary, loss of consortium, punitive, and multiple damages on all claims so permitted;

- 1 B. Prejudgment interest;
- 2 C. Attorneys' fees pursuant to 42 U.S.C. § 1988 and any other applicable statute;
- 3 D. Compensation for the amount the Hartman family incurred in defending itself in
- 4 the underlying dependency action, exceeding \$2,850,000; and
- 5 E. Such other and further relief as the Court deems just and proper.

6 DATED this 15th day of March, 2024.

7 *s/Eliot M. Harris*

8 Eliot M. Harris, WSBA #36590

9 **WILLIAMS, KASTNER & GIBBS PLLC**

601 Union Street, Suite 4100

10 Seattle, WA 98101-2380

11 Tel: (206) 628-6600

Fax: (206) 628-6611

12 Email: eharris@williamskastner.com

13 David J. Shlansky, MA BBO #565321*

14 Frances F. Workman, VT Att. #6581*

SHLANSKY LAW GROUP, LLP

1 Winnisimmet Street

15 Chelsea, MA 02150

16 Tel: (617) 492-7200

17 Email: david.shlansky@slglawfirm.com

frances.workman@slglawfirm.com

18 (* *pro hac vice* admission forthcoming)

19 ***Attorneys for Plaintiffs***

KING COUNTY SUPERIOR COURT
CASE ASSIGNMENT AREA DESIGNATION and CASE INFORMATION COVER SHEET
(CICS)

Pursuant to King County Code 4A.630.060, a faulty document fee of \$15 may be assessed to new case filings missing this sheet.

CASE NUMBER: _____
(Provided by the Clerk)

CASE CAPTION: M.H., a minor; C.H., a minor; Sophie Hartman, individually and as a parent of C.H. and M.H. v. State of Washington Department of Children, Youth & Families, et al.

(New case: Print name of person starting case **vs.** name of person or agency you are filing against.)

(When filing into an existing family law case, the case caption remains the same as the original filing.)

Please mark one of the boxes below:

☒ **Seattle Area**, defined as:

All of King County north of Interstate 90 and including all of the Interstate 90 right-of-way; all the cities of Seattle, Mercer Island, Bellevue, Issaquah and North Bend; and all of Vashon and Maury Islands.

☐ **Kent Area**, defined as:

All of King County south of Interstate 90 except those areas included in the Seattle Case Assignment Area.

I certify that this case meets the case assignment criteria, described in King County LCR 82(e).

<u>s/Eliot M. Harris</u>	<u>36590</u>	<u>3/15/2024</u>
Signature of Attorney	WSBA Number	Date

or

_____	_____
Signature of person who is starting case	Date

Address, City, State, Zip Code of person who is starting case if not represented by attorney

KING COUNTY SUPERIOR COURT
CASE ASSIGNMENT AREA DESIGNATION and CASE INFORMATION COVER SHEET

CIVIL

Please check the category that best describes this case.

APPEAL/REVIEW

- ☐ Administrative Law Review (ALR 2)
(Petition to the Superior Court for review of rulings made by state administrative agencies. Examples: DSHS Child Support, Good to Go passes, denial of benefits from Employment Security, DSHS)
- ☐ Board of Industrial Insurance Appeals – Workers Comp (ALRI 2)*
(Petition to the Superior Court for review of rulings made by Labor & Industries.)
- ☐ DOL Revocation (DOL 2)*
(Appeal of a DOL revocation Implied consent-Test refusal ONLY.) RCW 46.20.308(9)
- ☐ Petition to Appeal/Amend Ballot Title (BAT 2)
- ☐ Subdivision Election Process Review (SER 2)*
- ☐ Voter Election Process Law Review (VEP 2)*
(Complaint for violation of voting rights act)

CONTRACT/COMMERCIAL

- ☐ Breach of Contract (COM 2)*
(Complaint involving money dispute where a breach of contract is involved.)
- ☐ Commercial Contract (COM 2)*
(Complaint involving money dispute where a contract is involved.)
- ☐ Commercial Non-Contract (COL 2)*
(Complaint involving money dispute where no contract is involved.)

- ☐ Third Party Collection (COL 2)*
(Complaint involving a third party over a money dispute where no contract is involved.)

JUDGMENT

- ☐ Abstract, Judgment, Another County (ABJ 2)
(A certified copy of a judgment docket from another Superior Court within the state.)
- ☐ Confession of Judgment (CFJ 2)*
(The entry of a judgment when a defendant admits liability and accepts the amount of agreed-upon damages but does not pay or perform as agreed upon.)
- ☐ Foreign Judgment (from another State or Country) (FJU 2)
(Any judgment, decree, or order of a court of the United States, or of any state or territory, which is entitled to full faith and credit in this state.)
- ☐ Tax Warrant or Warrant (TAX 2)
(A notice of assessment by a state agency or self-insured company creating a judgment/lien in the county in which it is filed.)
- ☐ Transcript of Judgment (TRJ 2)
(A certified copy of a judgment from a court of limited jurisdiction (e.g. District or Municipal court) to a Superior Court.)

* The filing party will be given an appropriate case schedule at time of filing.

** Case schedule will be issued after hearing and findings.

PROPERTY RIGHTS

- ☐ Condemnation/Eminent Domain (CON 2)*
(Complaint involving governmental taking of private property with payment, but not necessarily with consent.)
- ☐ Foreclosure (FOR 2)*
(Complaint involving termination of ownership rights when a mortgage or tax foreclosure is involved, where ownership is not in question.)
- ☐ Land Use Petition (LUP 2)*
(Petition for an expedited judicial review of a land use decision made by a local jurisdiction.) RCW 36.70C.040
- ☐ Non-Residential Unlawful Detainer (Eviction) (UND 2)
(Commercial property eviction.)
- ☐ Property Fairness Act (PFA 2)*
(Complaint involving the regulation of private property or restraint of land use by a government entity brought forth by Title 64.)
- ☐ Quiet Title (QTI 2)*
(Complaint involving the ownership, use, or disposition of land or real estate other than foreclosure.)
- ☐ Residential Unlawful Detainer (Eviction) (UND 2)
(Complaint involving the unjustifiable retention of lands or attachments to land, including water and mineral rights.)

OTHER COMPLAINT/PETITION

- ☐ Action to Compel/Confirm Private Binding Arbitration (CAA 2)
(Petition to force or confirm private binding arbitration.)
- ☐ Application for Health & Safety Inspection (HSI 2)
- ☐ Assurance of Discontinuance (AOD 2)
(Filed by Attorney General's Office to prevent businesses from engaging in improper or misleading practices.)
- ☐ Birth Certificate Change(PBC 2)
(Petition to amend birth certificate)
- ☐ Bond Justification (PBJ 2)
(Bail bond company desiring to transact surety bail bonds in King County facilities.)
- ☐ Certificate of Rehabilitation (CRR 2)
(Petition to restore civil and political rights.)
- ☐ Certificate of Restoration Opportunity(CRP 2)
(Establishes eligibility requirements for certain professional licenses.)
- ☐ Change of Name (CHN 2)
(Petition for name change for reasons other than listed in RCW 4/24/130(5).)
- ☐ Confidential Change of Name (CHN 2)
(Petition for name change when domestic violence/anti-harassment issues require confidentiality under RCW 4/24/130(5).)
- ☐ Civil Commitment (sexual predator) (PCC 2)
(Petition to detain an individual involuntarily.)

* The filing party will be given an appropriate case schedule at time of filing.

** Case schedule will be issued after hearing and findings.

- | | |
|---|--|
| <p><input type="checkbox"/> Consumer Protection Act (CPA 2)*
(Complaint involving unfair and deceptive acts or practices.)</p> <p><input type="checkbox"/> Emancipation of Minor (EOM 2)
(Petition by a minor for a declaration of emancipation.)</p> <p><input type="checkbox"/> Employment (EMP 2)*
(Complaint regarding compliance with public employers sharing employee information with bargaining representatives.)</p> <p><input type="checkbox"/> Foreign Subpoena (OSS 2)
(To subpoena a King County resident or entity for an out of state case.)</p> <p><input type="checkbox"/> Frivolous Claim of Lien (FVL 2)
(Petition or Motion requesting a determination that a lien against a mechanic or materialman is excessive or unwarranted.)</p> <p><input type="checkbox"/> Injunction (INJ 2)*
(Complaint/petition to require a person to do or refrain from doing a particular thing.)</p> <p><input type="checkbox"/> Interpleader (IPL 2)
(Petition for the deposit of disputed earnest money from real estate, insurance proceeds, and/or other transaction(s).)</p> <p><input type="checkbox"/> Malicious Harassment (MHA 2)*
(Suit involving damages resulting from malicious harassment.) RCW 9a.36.080</p> <p><input type="checkbox"/> Minor Work Permit (MWP 2)
(Petition for a child under 14 years of age to be employed)</p> | <p><input type="checkbox"/> Non-Judicial Filing (NJF 2)
(See probate section for TEDRA agreements. To file for the record document(s) unrelated to any other proceeding and where there will be no judicial review.)</p> <p><input type="checkbox"/> Notice of Deposit of Surplus Funds (DSF 2)
(Deposit of extra money from a foreclosure after payment of expenses from sale and obligation secured by the deed of trust.)</p> <p><input checked="" type="checkbox"/> Other Complaint/Petition (MSC 2)*
(Filing a Complaint/Petition for a cause of action not listed)</p> <p><input type="checkbox"/> Perpetuation of Testimony (PPT 2)
(Action filed under CR 27)</p> <p><input type="checkbox"/> Petition to Remove Restricted Covenant (RRC 2)

Declaratory judgment action to strike discriminatory provision of real property contract.</p> <p><input type="checkbox"/> Public records Act (PRA 2)*
(Action filed under RCW 42.56)</p> <p><input type="checkbox"/> Receivership (RCVR 2)
(The process of appointment by a court of a receiver to take custody of the property, business, rents and profits of a party to a lawsuit pending a final decision on disbursement or an agreement.)</p> <p><input type="checkbox"/> Relief from Duty to Register (RDR 2)</p> |
|---|--|

* The filing party will be given an appropriate case schedule at time of filing.

** Case schedule will be issued after hearing and findings.

(Petition seeking to stop the requirement to register.)

- ☐ Restoration of Firearm Rights (RFR 2)
(Petition seeking restoration of firearms rights under RCW 9.41.040 and 9.41.047.)
- ☐ School District-Required Action Plan (SDR 2)
(Petition filed requesting court selection of a required action plan proposal relating to school academic performance.)
- ☐ Seizure of Property from the Commission of a Crime-Seattle (SPC 2)*
(Seizure of personal property which was employed in aiding, abetting, or commission of a crime, from a defendant after conviction.)
- ☐ Seizure of Property Resulting from a Crime-Seattle (SPR 2)*
(Seizure of tangible or intangible property which is the direct or indirect result of a crime, from a defendant following criminal conviction. (e.g., remuneration for, or contract interest in, a depiction or account of a crime.))
- ☐ Structured Settlements- Seattle (TSS 2)*
(A financial or insurance arrangement whereby a claimant agrees to resolve a personal injury tort claim by receiving periodic payments on an agreed schedule rather than as a lump sum.)
- ☐ Vehicle Ownership (PVO 2)*
(Petition to request a judgment awarding ownership of a vehicle.)

TORT, ASBESTOS

- ☐ Personal Injury (ASP 2)*

(Complaint alleging injury resulting from asbestos exposure.)

- ☐ Wrongful Death (ASW 2)*
(Complaint alleging death resulting from asbestos exposure.)

TORT, MEDICAL MALPRACTICE

- ☐ Hospital (MED 2)*
(Complaint involving injury or death resulting from a hospital.)
- ☐ Medical Doctor (MED 2)*
(Complaint involving injury or death resulting from a medical doctor.)
- ☐ Other Health care Professional (MED 2)*
(Complaint involving injury or death resulting from a health care professional other than a medical doctor.)

TORT, MOTOR VEHICLE

- ☐ Death (TMV 2)*
(Complaint involving death resulting from an incident involving a motor vehicle.)
- ☐ Non-Death Injuries (TMV 2)*
(Complaint involving non-death injuries resulting from an incident involving a motor vehicle.)
- ☐ Property Damages Only (TMV 2)*
(Complaint involving only property damages resulting from an incident involving a motor vehicle.)
- ☐ Victims Vehicle Theft (VVT 2)*
(Complaint filed by a victim of car theft to recover damages.) RCW 9A.56.078

* The filing party will be given an appropriate case schedule at time of filing.

** Case schedule will be issued after hearing and findings.

TORT, NON-MOTOR VEHICLE

- ☐ Other Malpractice (MAL 2)*
(Complaint involving injury resulting from other than professional medical treatment.)

(Petition for writ commanding performance of a particular act or duty.)

- ☐ Review (WRV 2)**
(Petition for review of the record or decision of a case pending in the lower court; does not include lower court appeals or administrative law reviews.)

- ☐ Personal Injury (PIN 2)*
(Complaint involving physical injury not resulting from professional medical treatment, and where a motor vehicle is not involved.)

- ☐ Products Liability (TTO 2)*
(Complaint involving injury resulting from a commercial product.)

- ☐ Property Damages (PRP 2)*
(Complaint involving damage to real or personal property excluding motor vehicles.)

- ☐ Property Damages-Gang (PRG 2)*
(Complaint to recover damages to property related to gang activity.)

- ☐ Tort, Other (TTO 2)*
(Any other petition not specified by other codes.)

- ☐ Wrongful Death (WDE 2)*
(Complaint involving death resulting from other than professional medical treatment.)

WRIT

- ☐ Habeas Corpus (WHC 2)
(Petition for a writ to bring a party before the court.)

- ☐ Mandamus (WRM 2)**

* The filing party will be given an appropriate case schedule at time of filing.

** Case schedule will be issued after hearing and findings.